



Office of Financial Aid and Scholarships
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 Corvallis, OR 97331-2120
Phone: 541-737-2241 | **Fax:** 541-737-4494
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Office of the Registrar
 102 Kerr Administration Building
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Phone: 541-737-4331 | **Fax:** 541-737-8123
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Office of Business Affairs Student Accounts
 100 Kerr Administration Building
 Corvallis, OR 97331-2120
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E-mail: accounts.receivable@oregonstate.edu

FERPA Form for Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Education records include all student records. These are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for Oregon State University to obtain written consent from the student in order to release any information to a third party.

This form specifically relates to records in the Office of the Registrar, Business Affairs, and Financial Aid.

Confidential Status established by the student through the Office of the Registrar overrides all release requests on file with OSU. No information will be released while a student's record is marked Confidential with the Office of the Registrar, regardless of any signed release on file.

Student's Name: _____ **OSU ID #** _____

I authorize the release of the following information (select all that apply):

Release of Student Record Information from the Office of the Registrar

Academic Transcript Enrollment Information Degree Progress Course Schedule

Other: _____ All information

Release of Student Account Information from the Office of Business Affairs

Account Balance Account Holds Transaction Information (charges and payments)

Other: _____ All information

Release of Student Financial Aid and Scholarship Information from the Office of Financial Aid

FAFSA Application Information Aid Package Needs Analysis Results

Financial Aid and Scholarship Disbursements Other: _____ All information

I authorize information released to the following individuals:

Name: _____ Relationship: _____ Secret code*: _____

Name: _____ Relationship: _____ Secret code*: _____

Name: _____ Relationship: _____ Secret code*: _____

***In order for information to be shared over the phone, the individual must know their secret code. Do not make this the same as your password.**

Once signed, this consent is valid until revoked, which can be done at any time by completing the section below. I understand that this release covers all transactions from any date on my student record.

Student's Signature: _____ Date _____

To Revoke My Permission to Release Education Records:
 I hereby revoke permission to release my education records.

Print Full Legal Name: _____

Signature: _____

Date: _____ OSU ID # _____