**FERPA Form (External)**

Under the federal law, the Family Educational Rights and Privacy Act of 1974 (FERPA), students have certain rights to information held by OSU about them, including protections on to whom information may be released. This form is used by a student to waive his/her FERPA rights in order that OSU may share information with individuals and institutions outside of OSU (e.g., for job recommendations/references; admissions into academic programs elsewhere; scholarship committees).

**Please fill out the information below in full.**

I give permission to (name of person discussing student information)   
to discuss the following information (selected below) with

(name of organization, institution, or person receiving information):

Academic performance in a class or classes (practicum and internship experiences taken for credit are  
 included in this)

Current and/or previous class schedule

Advising observations

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To permit discussions over the phone, please provide a passcode that can be used to verify the identity of the 3rd party receiving information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This waiver of FERPA rights for this specified purpose will remain in effect until:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Print Full Legal Name

Student ID Date

**Return this form to [INSERT COLLEGE OR DEPARTMENT NAME].**

**Do *not* send it to the Office of the Registrar.**