



Return to:
Office of the Registrar
Oregon State University, B102 Kerr Administration Building, Corvallis, OR 97331-2130
T 541-737-4331 | F 541-737-8123 | registrars@oregonstate.edu | http://registrar.oregonstate.edu

Permission to Release Education Records

Name: _____ OSU ID #: _____
Last First Middle

Date: _____

This release will remain active until revoked. To revoke, see below.

I authorize the following person or office issuing my education records to disclose the information indicated below to the following person, office, and address:

Person to Receive Education Records: _____

Office to Receive Education Records: _____

Address: _____

Specific Education Records or Information to be Disclosed:

Specify Purpose of this Disclosure: _____

Print Name of Student: _____

Student's Signature: _____

The OSU Registrar's Office will maintain this disclosure authorization with the records of the above student, as long as the specific records disclosed are maintained by OSU according to its Records Retention Schedule.

To Revoke My Permission to Release Education Records:

I hereby revoke my permission to release my education records.

Print Full Legal Name: _____

Signature: _____ OSU ID # _____

Date: _____