

**Academic Advising Offices:**  
Information on where advising  
offices are located can be found at:  
advising.oregonstate.edu/

**Office of Financial Aid**  
218 Kerr Administration Building  
Corvallis, OR 97331-2120  
**Phone:** 541-737-2241  
**E-mail:** financial.aid@oregonstate.edu

**Office of the Registrar**  
102 Kerr Administration Building  
Corvallis, OR 97331-2120  
**Phone:** 541-737-4331  
**E-mail:** registrars@oregonstate.edu

**Office of Business Affairs Student Accounts**  
100 Kerr Administration Building  
Corvallis, OR 97331-2120  
**Phone:** 541-737-3775  
**E-mail:** accounts.receivable@oregonstate.edu

## Oregon State University Student Consent to Release Information Form

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, Financial Aid & Advising Offices

To submit this, please fill out, sign, and turn into the appropriate office listed above or sign, scan, and send via your OSU email. Be prepared to show photo ID when turning in this form in person. Digital signatures are not accepted. 'Purpose of release' is required by law.

No information will be released from a student's record marked Confidential with the Office of the Registrar, regardless of any 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      All information

Other: \_\_\_\_\_ Purpose of release: \_\_\_\_\_

#### Release of Student Account Information from the Office of Business Affairs

Account Balance      Account holds      Transaction Information (charges and payments)      All information

Other: \_\_\_\_\_ Purpose of release: \_\_\_\_\_

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

FAFSA Application Information      Aid Package      Needs Analysis Results      All information

Financial Aid and Scholarship Disbursements      Other: \_\_\_\_\_

Purpose of release: \_\_\_\_\_

#### Release of Academic Advising Information

General (any information from my education records that pertains to academic advising)

Specific (e.g. advising plan): \_\_\_\_\_

Purpose of release: \_\_\_\_\_

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: \_\_\_\_\_ OSU ID # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_