



ONE-TIME AUTHORIZATION TO RELEASE EDUCATIONAL RECORD INFORMATION

This form must be submitted to the Office of the Registrar in person with appropriate ID (a valid driver's license, OSU Student ID, or passport), or it may be submitted by mail or fax along with a legible copy of appropriate ID.

Release To (Recipient):

Name: _____

Organization/School: _____

Address: _____

City, State, Zip: _____

Phone: _____ Phone Password: _____

Educational Records to be Released:

Recipient may be required to provide this to verify identity if education records are discussed over the phone.

Purpose of Release:

Requested By (Student):

Student Name: _____ Student ID: _____
Please Print (last, first, middle)

Student Signature: _____ Date: _____

Registrar Staff Signature: _____ Date: _____

TYPE OF PHOTO ID PRESENTED: Driver's License OSU Student ID Passport