

**STUDENT RELEASE OF INFORMATION TO A NAMED PERSON FROM THE
STUDENT'S EDUCATIONAL RECORDS**

Student Authorization: Complete this form and return.

Name of Student: (Please Print)

SSN (last 4 digits) or Employee ID (required):

Address:

I GIVE MY PERMISSION TO THE OHIO STATE UNIVERSITY TO PROVIDE INFORMATION ABOUT MY EDUCATIONAL RECORDS TO THE INDIVIDUAL PERSON(S)* NAMED BELOW. THIS PERMISSION WILL BE IN EFFECT UNTIL I REVOKE IT IN WRITING TO: **THE OHIO STATE UNIVERSITY, ATTN: ZACHARY BURKEY, 1625 WILSON ROAD WOOSTER, OH 44691.**

Student's Signature

Date

*Please print name of persons authorized to obtain academic information:

Employer's HR & Training Department

Company Name:

Please return completed form to:

Zachary Burkey
burkey.56@osu.edu

Or

The Ohio State University
Attn: Zachary Burkey
1625 Wilson Road
Wooster, OH 44691

Please note:

When a student authorizes another individual to access his or her academic information the authorized use will have access to all current and past academic information that is included in the record.

This includes grades, grade point average, class information, class schedules and any other academic information the university has on file.

This is an "all-or-nothing" designation. The student does not have the option of granting itemized access to another individual. An authorized individual retains access until the student revokes permission.

FOR OFFICE USE ONLY

Form processed by:		on	
	Signature of OSU Employee		Date

Form received by:		on	
	Signature of ATI Employee		Date