



## 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: \_\_\_\_\_

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

**Educational Records to be Released:**

\_\_\_\_\_  
\_\_\_\_\_

**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