

OFFICE OF THE REGISTRAR
OREGON STATE UNIVERSITY
102 Kerr Administration Bldg., Corvallis, Oregon 97331-2103
Telephone 541-737-4331

Permission to Release Student Education Records

DATE: _____ EXPIRES: _____

(Note: This release will expire one year from the date of signing. The student may specify an EARLIER date of expiration on this form either now or later.)

NAME OF STUDENT: _____

STUDENT OSU ID: _____

I authorize _____ to disclose the information indicated
(Name of person or office issuing the records)

below to the following person, office, and address: _____

Identify the specific records or information to be disclosed:

Specify the purpose of the disclosure: _____

Print Name of Student: _____

Signed: _____ by Student

The OSU Registrar's Office the records 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.