



# OAKWOOD UNIVERSITY

## FERPA AUTHORIZATION FORM

In accordance with the Family Educational Rights and Privacy Act (FERPA), Oakwood University may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form, you give permission for designated third parties to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

[Please Type or Print]

\*Name [Last, First, MI]: \_\_\_\_\_ \*ID#: \_\_\_\_\_

\* OU E-mail Address [if current student] \_\_\_\_\_@oakwood.edu

E-mail Address [Personal]: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Academic Year: 20\_\_\_\_\_

### INFORMATION TO BE RELEASED TO [Please provide name(s) of individuals]:

Parent(s)/Guardian(s): \_\_\_\_\_

All Academic Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Student Accounts Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Student Affairs Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Financial Aid Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER [Please specify]: \_\_\_\_\_

Please note: Counseling and Services for Students with Disabilities records are considered medical records and are NOT covered under FERPA rules. A separate release form must be obtained from these offices.

Spouse: \_\_\_\_\_

All Academic Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Student Accounts Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Student Affairs Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Financial Aid Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

All Academic Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Student Accounts Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Student Affairs Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Financial Aid Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Third Party: \_\_\_\_\_

All Academic Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Student Accounts Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Student Affairs Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No	All Financial Aid Records:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that although I am not required to release this information, I am giving my consent for Oakwood University to disclose these records. **This authorization shall stay in effect for the current academic year only or until such time as I revoke it, if earlier.**

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

Registrar's Office Use Only	
Processed By	_____
Date	_____