



FERPA WAIVER AND STUDENT INFORMATION RELEASE AUTHORIZATION

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, the University is prohibited from providing certain information from your student records to a third party, such as information on class schedule, grades, student accounts, discipline records, official transcripts and other student record information. This restriction applies, but is not limited, to your parents/legal guardian, your spouse or a sponsor.

You may, at your discretion, grant the University permission to release information to a third party by submitting a completed FERPA Waiver and Student Information Release Authorization form. Completed forms should be submitted to the Oiler Success Center.

Please print legibly and add your signature in ink in Section C.

SECTION A. Student Information		
Name (Last, First, Middle)	Student ID Number	
Current Mailing Address (Street or P.O. Box number, apartment number, city, state and zip code)	Daytime phone number ()	
SECTION B. Third party designee		
Name (Last, First, Middle)	Daytime phone number ()	Type of information to be released (check all that apply) <input type="checkbox"/> All Records. <input type="checkbox"/> OR <input type="checkbox"/> Financial Aid - Financial Aid Office <input type="checkbox"/> Grades - Registrar <input type="checkbox"/> Class Schedule - Registrar <input type="checkbox"/> Academic Progress and/or Progress Reports - Oiler Success Center <input type="checkbox"/> Conditional Enrollment Information - Oiler Success Center <input type="checkbox"/> Disability Services Information - Office of Accommodation and Inclusion <input type="checkbox"/> Disciplinary Action Information - Student Affairs <input type="checkbox"/> Housing Information - Housing and Residence Life <input type="checkbox"/> Athletics - Athletics <input type="checkbox"/> Other: _____
Address		
Additional Third party designee		
Name (Last, First, Middle)	Daytime phone number ()	Type of information to be released (check all that apply) <input type="checkbox"/> All Records. <input type="checkbox"/> OR <input type="checkbox"/> Financial Aid - Financial Aid Office <input type="checkbox"/> Grades - Registrar <input type="checkbox"/> Class Schedule - Registrar <input type="checkbox"/> Academic Progress and/or Progress Reports - Oiler Success Center <input type="checkbox"/> Conditional Enrollment Information - Oiler Success Center <input type="checkbox"/> Disability Services Information - Office of Accommodation and Inclusion <input type="checkbox"/> Disciplinary Action Information - Student Affairs <input type="checkbox"/> Housing Information - Housing and Residence Life <input type="checkbox"/> Athletics - Athletics <input type="checkbox"/> Other: _____
Address		
SECTION C. Certification		
<i>I authorize the University of Findlay to release my educational record information to the above Third Party Designee. I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent as permitted by law. I further understand that I may revoke this authorization by sending a written revocation to the University of Findlay.</i>		
Student's Signature		Date