In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA, or the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is Oberlin College's policy NOT to release non-directory information to anyone other than the student unless the student has given us express written permission to do so. Please note that this limitation includes parents and guardians. Students who would like to authorize someone other than themselves, including a parent or guardian, to have access to their information should complete this form.

The complete policy with regard to Student Records at Oberlin can be found in the Student Rights and Responsibilities, http://new.oberlin.edu/students/policies/student-records-policy, see section AA, Student Records.

I. Student Information

Student name (printed) 

Student T# 

II. Office authorized to release information:

Offices may only release information that is maintained by that office; if you would like to authorize the release of information from more than one office, a separate release must be completed for each office.

Office of the Dean of Students
135 West Lorain Street, Wilder Hall Room 105
Oberlin, OH 44074-1078

III. This office is authorized to release information pertaining to:

Check all that apply.

___ Information related to pending judicial matters

___ Information related to judicial history

___ Other :
__________________________________________________________________________________

IV. Person(s) to whom information may be released

Name (printed) 
Relationship to student 

Name (printed) 
Relationship to student 

V. Authorization

I understand that the Dean of Students Office has a reasonable time within which to respond to my request, but that access is provided within not more than forty-five (45) days of receipt. I further understand that access will only be provided at the Dean of Students Office, and that third parties will not be entitled to receive copies of the records. Federal law prohibits the re-disclosure of information contained in and educational record pursuant to this consent without the prior authorization of the student. I authorize the above named office to release information maintained in that office's records. This authorization will remain in full force and effect for the current academic year or until the end of the current academic year or a sooner date as specified here (Date:____________________ ). If I wish to revoke this authorization I will contact the office to which it was given.

If I wish to revoke this authorization I will contact the Dean of Students office.

Student signature 
Date 

Name of witness (Printed) 
Signature 
Date