AUTHORIZATION TO RELEASE INFORMATION

Return this completed form to the appropriate office or by email from your Oberlin.edu account.

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 under Student Conduct, @ https://new.oberlin.edu/office/dean-of-students/conduct/.

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 Studies
50 N. Professor St., Peters 205
Oberlin, OH 44074
440/775-8540 // dean.of.studies@oberlin.edu

III. This office is authorized to release information pertaining to (check all that apply):

___Academic record (grades, degree progress, academic standing, academic advising, academic policies)
___Leaves and withdrawals
___Study away
___Visa status (for students studying on a visa)
___Other (if checked, please specify):  _________________________________________________________

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

Name (printed)  Relationship to student

Name (printed)  Relationship to student

V. Authorization

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. If I wish to revoke this authorization I will contact the office to which it was given.

Student signature  Date