



Consent to Release Education Records: One-Time Request

Office of the Registrar | Mail Code L-109 | 3181 S.W. Sam Jackson Park Rd. | Portland, OR 97239-3098
503-494-7800 | 800-775-5460 | www.ohsu.edu/registrar | regohsu@ohsu.edu

OHSU, in compliance with The Family Education Rights and Privacy Act of 1974 (FERPA), requires written consent of students before releasing protected information from their records. To consent to the release of confidential information to a third party, you must complete this form and return it to the Office of the Registrar. All information is required. This one-time release must be completed each time you wish to request release of your information. OHSU reserves the right to charge fees for records retrieval.

Student Name _____	Student ID # _____
<p>PERSON OR AGENCY TO WHOM THE RECORDS SHOULD BE RELEASED</p> <p>Person or agency: _____</p> <p>Relationship to student: _____</p> <p>Delivery Method: <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax</p> <p>Delivery address, email, phone number, or fax number:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>RECORDS TO BE RELEASED</p> <p>This form is intended for students or alumni to release specific educational records maintained by OHSU to a third party once. This form cannot be used to request transcripts, diplomas, or other records that can be accessed or ordered through standard processes; as a blanket request to release all records; or to set up an ongoing release.</p> <p>Specify the record(s) to be released _____</p> <p>_____</p>	
<p>REASON FOR REQUEST _____</p>	
<p>AUTHORIZATION</p> <p>I give permission for OHSU to release information from my education record as specified above.</p> <p>Student Signature _____ Date _____</p>	