

Consent to Release Education Records: Ongoing 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 ongoing release remains in effect until revoked in writing by the student. OHSU reserves the right to charge fees for records retrieval.

Student Name Student ID #
Action Requested
□ Give consent to release confidential information to the party listed below.
Complete a separate form for each party to whom you wish to give consent. This form supersedes any release already on file for this same party.
Revoke consent to release confidential information to the party listed below.
Party to Whom the Records Should Be Released
Person or agency (full name)
Relationship to student
Email
Passphrase
Information will be disclosed only if the individual can provide the passphrase. The passphrase may be a single word or a short phrase.
Records to be Released
<u>Or</u> only the following records:
Enrollment information: registration, degree progress, course schedule
Grade information: Grades, GPA
Student accounts information: account balance, account holds, billing transactions
Financial Aid Information: eligibility, status, award, disbursements
Other: Specify
Reason for Release
Authorization I give permission for OHSU to release information from my education record or revoke a previous release as specified above.
Student Signature Date