

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
PERMISSION TO RELEASE INFORMATION**

In compliance with the Federal Family Educational Rights and Privacy Act of 1974 as amended (FERPA), information about your student fee account may NOT be released to a third party (i.e. your parents, spouse, sponsor, etc.) without your written permission.
To grant specific individuals access to your student account information, please complete this form.

I, _____, authorize the release of information on my student account(s)
PRINT NAME (FIRST / MIDDLE / LAST) SSN
with the Office of Fees, Deposits, and Disbursements at The Ohio State University to the individual(s) listed below. This permission is valid until _____ (expected date of graduation).

MONTH / YEAR	RELATIONSHIP	NAME	RELATIONSHIP
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PLEASE NOTE: THIS AUTHORIZATION PERTAINS TO STUDENT FEE ACCOUNT INQUIRIES ONLY.
Requests for information maintained by other offices (i.e. Office of the Registrar, Office of Student Financial Aid, Housing, etc) are not covered by this authorization.

STUDENT'S SIGNATURE

OFFICE OF FEES, DEPOSITS & DISBURSEMENTS, THE OHIO STATE UNIVERSITY, 220 LINCOLN TOWER, 1800 CANNON DR., COLUMBUS, OH 43210