

## **INFORMATION RELEASE FORM**

Registrar's Office 525 S. Main Street Ada, OH 45810 (419) 772-2024 FAX (419) 772-2627 registrar@onu.edu

This is a fillable form--please TYPE information into the blanks below to ensure legibility.

I hereby consent, within my rights under FERPA, to allow the Ohio Northern University personnel designated in Part 2 to discuss my **financial, academic and/or student affairs record**, including but not limited to, course grades, class attendance, progress towards degree, and GPA, with the persons named below:

FULL Name:		ONI	J ID Number:	
Email Address:			Phone Number:	
Part 1. Persons or organizations	permitted to receive in	formation from my acade	emic and/or financial	record:
Full Na	ame	Relationship	Phone Number	
Part 2. Please indicate from whi	ch functional areas you	authorize the release of	information (Check a	ll that apply)
1. Financial Information:				
information, and any other information payment, refund information, records hother accounts receivable information.  2. Academic Information:  Academic records information including class attendance information, academic	old information as it pertain	s to parking tickets, library fine	s, financial aid repayment	s, and any
faculty, academic advisors, academic de designee, study abroad office, coaches/	partment chairs, academic c			
3. Student Affairs Information:				
Disciplinary records information including statements, etc.), housing records, studicampus including, but not limited to, the Life Staff, Student Involvement staff, Mu	ent organization involvemen e Vice President for Student	t information. This information Affairs & Dean of Students, the	could be given by various Office of Student Conduc	s offices on ct, Residence
Student Signature		College	Date	
Only complete par  I hereby exercise my rights under FERPA from my education record by the ONU		the individuals named in Part	1 to be provided informa	tion
Student Signatu	 re	College		