



## Authorization for Release of Information

In accordance with the federal Family Educational Rights and Privacy Act of 1974, all information regarding a student's academic, financial aid, student account record, and student discipline record is considered private between the student and the University and requires a written release for discussion of this information with a third party if the student is over the age of 18.

For various reasons, you may desire to waive this protection and permit release of these types of information to certain people. Accordingly, please complete the form below to inform University officials of individuals with whom they may share your academic, financial aid, student account, and student discipline records.

Your full name \_\_\_\_\_  
(first) (middle) (last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

### Persons to whom information may be released:

Parents \_\_\_\_\_

Guardians \_\_\_\_\_

Grandparents \_\_\_\_\_

Spouse \_\_\_\_\_

Other (list name and relationship) \_\_\_\_\_

### Type of information that may be provided:

I authorize the University to release any academic, financial aid, student account, or student discipline record, both printed and electronic, to those individuals listed above while I am an applicant to Ohio Valley University, for as long as I am enrolled as a student at Ohio Valley University, and/or until I submit a new authorization form to the Office of the Vice President for Academic Affairs.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date