



Family Educational Rights and Privacy Act (FERPA)
Social and Academic Information Release Form

Students may complete and return to: Student Affairs
525 S. Main Street, Ada, OH 45810 OR Fax (419) 772-2708

For information about FERPA you may visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Part 1: Person(s) to Whom Information May or May Not Be Released

Name of Person	Relationship to Student	Phone and/or Email

Part 2: ONU Personnel who may or may not be permitted to release Information

Name of Person	Title	Office/Department

If you wish to allow an entire functional area to release information, please check the box(es) indicating which area(s) you are designating:

- Student Affairs
- Academic Advisor(s)
- Faculty teaching my classes
- Academic Department Chair
- Academic Dean

Signature Indicating Ohio Northern University Personnel May Release Information

I, _____ (name of Ohio Northern University student) hereby consent, within my rights under the Family Educational Rights and Privacy Act, to allow the Ohio Northern University personnel designated in Part 2 of this form to discuss both my academic and social record, including by not limited to, course grades, class attendance, progress towards degree, and Grade Point Average (G.P.A.), with the persons listed above in Part 1.

Signature of Student _____
Date

Signature Confirming Ohio Northern University Personnel May NOT Release Information

I hereby exercise my rights under the Family Educational Rights and Privacy Act revoking permission for the individuals named in Part 1 to be provided information from my academic and social record by the Ohio Northern University officials designated in Part 2.

Signature of Student _____
Date

This form will be retained in the Student Affairs educational record student file.