

FERPA Authorization Release Form

The Family Educational Rights and Privacy Act UNOH Fax Number – 419-998-3080

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my records at the University of Northwestern Ohio (UNOH) will not be released to a third party without my approval. The release of Directory Information is governed by the procedure found in the Notification of FERPA Rights. I hereby give permission to authorized personnel at UNOH to release these records upon request.

Student Name (Please Print)	Student Number
Mailing Address:	
Street & Number or PO Box	Cell Phone Number
City, State, Zip	
Authorization to Release Education Information: please initia	al all that apply.
ALL RECORDS LISTED BELOW (WVAL)	
Business Office/Accounting (WVBO) – includes tuition and fee balance statements, collections inform	
Admission (WVAM) – Includes date of application, program selected, date of admission, admissions status and conditi	
Registration (WVRG) – Includes current enrollment, dates of enrollme transfer credit awarded, degree awarded.	nt activity, enrollment status, residency status, terms of attendance,
Academic Counseling (WVAC) – Includes courses taken, grades receiv	ed, GPA, academic progress, honors, academic standing
Financial Aid (WVFI) – Financial Information for the purpose of fundir to student information only.	ng or paying for your educational expenses. This information is restricted
Student Conduct (WVSC) – Includes disciplinary actions on campus, vi	iolations and sanctions of student code of conduct
I give permission for UNOH to release the selected information above to the	e designees_listed below. This release is valid until revoked in writing.
Student Signature	Date
Designee(s) – Please Print	Relationship
	RECEIVED
	Office Use Only