

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account and financial aid records which are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for the Office of Financial Aid and Scholarships and the Office of Business Affairs at Oregon State University to obtain written consent from the student in order to release any financial aid or student account information to a third party.

Confidential Status established by the student through the OSU Registrar's Office overrides all release requests on file with the Student Accounts Office and the Office of Financial Aid and Scholarships. No information will be released while a student's registrar record is marked Confidential, regardless of this signed release on file.

Student's Name: _____ OSU ID # _____

This consent is valid from July 1, 2015 to June 30, 2016 and may be rescinded prior to June 30, 2016 only by written consent of the student.

I authorize the release of the following information (select all that apply):

Release of Student Account Information

- I hereby grant the OSU Office of Business Affairs Student Finance department to release any information regarding my OSU student account to the parties listed below and waive my right to confidentiality of my OSU student account. I authorize the release of all student account information to be active during the 2015-2016 academic year.

Release of Student Financial Aid and Scholarship Information

I hereby grant the OSU Office of Financial Aid and Scholarships permission to release any information regarding my financial aid and scholarship file in accordance with the specifications I have indicated below.

General Information:

I give my consent to release any information regarding my financial aid and scholarship file which could include FAFSA application information; aid package; needs analysis results and/or financial aid disbursements.

Specific Information

I give my consent to release only the following information from my financial aid file:

[Empty box for specific information]

I authorize information released to the following individuals:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

I understand that this release expires at the end of the academic year and covers all transactions from any date on my student files.

Student's Signature: _____ Date _____

Please return completed form to one of the following:

Office of Financial Aid and Scholarships
218 Kerr Administration Building
Corvallis, OR 97331-2120
Phone: 541-737-2241 | Fax: 541-737-4494
E-mail: financial.aid@oregonstate.edu

Office of Business Affairs - Student Accounts
100 Kerr Administration Building
Corvallis, OR 97331-2120
Phone: 541-737-3775 | Fax: 541-737-4099
E-mail: accounts.receivable@oregonstate.edu