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


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

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Relationship to Student</th>
<th>Phone and/or Email</th>
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**Part 2: ONU Personnel who may or may not be permitted to release Information**

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Title</th>
<th>Office/Department</th>
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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)
- ___ Academic Department Chair
- ___ Faculty teaching my classes
- ___ 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.*