



Student Name (PRINT):	DOB:	Student ID#:
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## RELEASE OF INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their educational records. One of these rights is the right to limit disclosure of personally identifiable information contained in a student's education records. In order for Central State University to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

I, (PRINT YOUR NAME) \_\_\_\_\_, authorize the Office of Academic Empowerment & Accessibility (OAEA) at Central State University (CSU) to:

1. Request, receive, and discuss documentation and information for the purpose of determining program eligibility and planning appropriate academic and non-academic adjustments, auxiliary aids, and services.
2. Request, receive and discuss applicable information with **outside agencies (off campus)** that have or currently provide me with services and supportive assistance (e.g. Office of Vocational Rehabilitation, Veterans Administration, Opportunities for Ohioans with Disabilities, etc.).
3. Request, receive and discuss applicable information with **faculty and staff at CSU**, including Residence Life, Counseling Services, Health Services, Tutorial Services, etc. for the purposes of monitoring academic progress, seeking academic adjustments, auxiliary aids, tutorial support, and/or additional supportive services.
4. Receive and discuss applicable information with the following individual (**This section can be left blank if you select to have no one listed to have access to information**):

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Utilize the most effective mode of communication (written correspondence, telephone, fax, and/or electronic mail) with the above-mentioned parties (1-4).

I understand that this authorization shall remain in effect through each semester of enrollment at Central State University beginning on the date of my signature below. I further understand that I may withdraw this authorization at any time by written notification to the Office of Academic Empowerment & Accessibility.

I understand that by submitting this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

### Student Information:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_