CONSENT FOR OAKLAND UNIVERSITY TO RELEASE EDUCATION RECORD INFORMATION

Family Educational Rights and Privacy Act of 1974 (FERPA)

Name: _____

I authorize Oakland University to release the following information about me:

To the following person/entity:

For the following purpose:_____

I understand that I am not required to give this consent. I want Oakland University to share this information as instructed above and I give this consent of my own free will.

Student signature

Received by

This document is authorized for Oakland University departmental business only.

Date

Date