**Oregon State University**

**2013-2014**

**CONSENT FOR STUDENT RELEASE OF INFORMATION**

College of Agricultural Sciences

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*The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student’s educational records. Educational records include but are not limited to, admissions information for students who are accepted and enrolled; Grades, test scores, evaluations, courses taken and official communications regarding a student’s status, Disciplinary records; course work including papers and exams, class schedules, as well as written, email or recorded*

I hereby grant the OSU College of Agricultural Sciences permission to release any information regarding my educational records to parties outside the university in accordance with the specifications I have indicated below.

I understand this consent for release will remain in effect only for this current academic school year. (Students wishing to rescind this release may do so by submitting written notification).

Please check the appropriate release, provide any additional information, and sign below.

**Release to Third Parties:**

**\_\_\_\_General:** I give my consent to release any information regarding my student file to the following parties: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_Specific**: I give my consent to release the following information regarding my student file to the following parties:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_Class Schedule \_\_\_\_Teaching Work Sample**

**\_\_\_\_Grades \_\_\_\_Teaching Evaluations/Observations**

**\_\_\_\_Transcripts \_\_\_\_Advising Information**

**\_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student signature Print full legal name

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 Student ID Date