

Release Records Information Consent Form

- Please scan and email this form with the subject line "Consent Release Form" to isso@oakland.edu
- Any person acting on your behalf to pick up records and information must provide an official form of picture ID.

1. Information About Me:

Last Name:	First Name:
Phone Number: () -	Student ID #: G00
Email:	

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

☐ Academic Records

☐ Financial Documents

☐ Immigration Documents

☐ Mail

☐ Other (please specify): _____

2. My information may be released to the following:

Full name and title of person / organization:		
Relation to:		
Mailing Address:		
City:	State:	Zip code:
Phone number: () -		

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

_____/_____/_____
Student Signature Date