

**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

Date

Received by

Date

This document is authorized for Oakland University departmental business only.