This authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Education Rights and Privacy Act of 1974 (FERPA) and/or Gramm-Leach-Bliley Act of 1999 (GLBA).

I, ____________________________, hereby authorize the disclosure, furnishing and release of the following information relating to or concerning me to the person(s) listed below without my further consent:

Print Name: _____________________ Relationship: ________________________________

Print Name: _____________________ Relationship: ________________________________

___ Academic Grades/Records  ___ Academic Advising  ___ Billing Records
___ Financial Aid Records  ___ Housing Information/Action  ___ Student Conduct
___ Student Outreach & Support Office  ___ Other Information (please specify): __________________

NOTE TO STUDENT: To finalize the processing of your authorization, you must deliver this form in person to the Penguin Service Center along with photo identification. Due to the pandemic, we are accepting this form via student's YSU email account. Thus, you may submit this completed form via YSU email to onestop@ysu.edu with a copy of your valid photo ID for processing. This form will not be accepted without proof of identification and your signature in order to ensure protection of your information.

Student Signature: __________________________________________________________

Student ID#: ___________________________ Date: ____________________________

This authorization can be withdrawn at any time. In the future, if you wish to rescind your request to release records, you must return to the office where you submitted this form and sign below:

I hereby cancel my request to release information to the above named individual(s).

Student Signature: __________________________________________________________ Date: ____________________________

FOR OFFICE USE ONLY

[ ] Student ID Verified  [ ] Comments Placed in Banner  [ ] Staff Initials

Rev. 11/20/20