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 me:	following information about
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.