

**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.