



## Consent For Oakland University To Release Education Records Information

### International Students and Scholars Office

Name:

PLEASE PRINT

Family/ Last Name

Given/ First Name

Middle Name

OU ID #:

Phone:

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

My records and/or information may be released to the following person/entity:

FULL NAME AND TITLE OF PERSON

ORGANIZATION/COMPANY

MAILING ADDRESS: STREET #

STREET NAME

BLDG/APT #

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

My records and/or information may be released for the following purpose:

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 mm/dd/yy

\_\_\_\_\_  
Received by: Print and Sign Name

\_\_\_\_\_  
Date mm/dd/yy

- Please fax this form to the ISSO at 248-370-3351 or scan and email it with the subject line "Consent Release Form" to [isso@oakland.edu](mailto:isso@oakland.edu).
- Any person acting on your behalf to pick up records and information must provide an official form of picture ID.

**This document is authorized for Oakland University departmental business only.**