



## Permission to Release Library Records

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_  
*Last First Middle*

Date: \_\_\_\_\_

*This release will remain active until revoked. To revoke, see below.*

I authorize the following person or office issuing my library records to disclose the information indicated below to the following person, office, and address:

Person to Receive Library Records: \_\_\_\_\_

Office to Receive Library Records: \_\_\_\_\_

Address: \_\_\_\_\_

Specific Library Records or Information to be Disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify Purpose of this Disclosure: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

OSU Libraries will maintain this disclosure authorization with the records of the above student, as long as the specific records disclosed are maintained by OSU according to its Records Retention Schedule.

\_\_\_\_\_

### To Revoke My Permission to Release Library Records:

*I hereby revoke my permission to release my education records.*

Print Full Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ OSU ID # \_\_\_\_\_

Date: \_\_\_\_\_