Youngstown State University
One University Plaza, Youngstown, OH 44555

Office of the Registrar, Student One Stop
Meshel Hall
Phone: 330-941-6000
Fax: 330-941-3154
Email: onestop@ysu.edu

AUTHORIZATION AND REQUEST FOR RELEASE OF RECORDS AND INFORMATION

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

___ Other Information (please specify): ____

NOTE TO STUDENT: To finalize the processing of your authorization, you must deliver this form IN PERSON to the Office of the Registrar, Student One Stop along with photo identification. This form will not be accepted without proof of identification in order to ensure the protection of your information.

Student Signature: ____

Student ID#:_________________________________ Date: _______________________________

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If, in the future, 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 rescind 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

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