

FERPA RELEASE FORM

In order to protect student data, picture ID is preferred with this form but email from student's CSU email account to **allin1@csuohio.edu** may be accepted with a signed and completed form in a PDF format.

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may choose to complete and submit this "FERPA Release Form" to Campus411 All-in-1 or to allin1@csuohio.edu to allow access or release of their educational record.

| STUDENT INFORMATION | | |
|---------------------|---------------|--------------|
| <hr/> | <hr/> | <hr/> |
| Last Name | First Name | Student ID # |
| <hr/> | <hr/> | <hr/> |
| Contact Phone # | Email Address | |

| GRANT INFORMATION ACCESS TO: | | |
|------------------------------|--------------|-------------------------------------|
| <hr/> | <hr/> | <hr/> |
| Name | Relationship | Last 4 of SSN or Driver's License # |
| <hr/> | <hr/> | <hr/> |
| Name | Relationship | Last 4 of SSN or Driver's License # |
| <hr/> | <hr/> | <hr/> |
| Department | Function | |
| <hr/> | <hr/> | |
| Department | Function | |

| INDICATE THE TYPE OF INFORMATION TO BE RELEASED BY CLEARLY INITIALING: | | | |
|--|----------------------------|---|---|
| INITIALS | RECORD TYPE | *COMMENTS | |
| | All Records | | |
| | Student Records | | |
| | Financial Aid | | |
| | Student Account | | |
| | Community Standard Records | <input type="checkbox"/> All Code of Conduct <input type="checkbox"/> All Title IX | <input type="checkbox"/> All Academic Integrity <input type="checkbox"/> ONLY for Case Number: _____ |
| PLEASE SEE ADDITIONAL OPTIONS ON PAGE 2 | | | |

* Students will not be denied any educational services by refusing to provide consent

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| Continued: INDICATE THE TYPE OF INFORMATION TO BE RELEASED BY CLEARLY INITIALING: | | |
|---|---------------------------------------|-----------|
| INITIALS | RECORD TYPE | *COMMENTS |
| | CARE Case File | |
| | Counseling / Clinical CARE Records | |
| | Office of Disability Services Records | |
| | OTHER: | |
| | Cancel All | |

| Security Questions: Please provide answers to at least 3 of the following for non-departmental access grantees. | |
|---|--|
| Your city of birth. | |
| Your high school mascot | |
| Name of your first car. | |
| Your father's middle name. | |
| Your first childhood friend. | |

With my signature and initials, I hereby grant permission to officials of Cleveland State University to provide copies, permit inspection, review and or to discuss the contents of my academic records with the individuals or departments identified on this form.

STUDENT SIGNATURE _____ **DATE:** _____

** Students will not be denied any educational services by refusing to provide consent*