

Student Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Ottawa Email _____

Ottawa ID: _____

Authorization Information

I hereby authorize the Registrar's Office at Ottawa University to discuss my grades, attendance, and coursework issues with the named individuals or entities as indicated below:

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

Authorization Information

This information will be used for the purpose of assisting me to be a successful student at Ottawa University. I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the person (s) specifically listed. This list does not permit the disclosure of these records to any other persons or entities without my written consent. This authorization remains in effect unless rescinded by me in writing to the University Registrar.

Signature

Date

For Office Use Only:

Processed by: _____

Date: _____

Registrar's Office
Prior Editions Obsolete
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