



Authorization of Academically Related Disclosures

I hereby authorize school officials with a legitimate educational interest of Ottawa University to discuss my grades, attendance, and coursework issues for the duration of my enrollment with my parent(s) and/or other named individuals or entities as indicated below.

1. Name _____ Relationship _____
2. Name _____ Relationship _____
3. Name _____ Relationship _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have a right to receive a copy of such records upon request.

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 release does not permit the disclosure of this information to any other persons or entities without my written consent.

Student Signature

Ottawa University Student ID #

Student Name (printed)

Social Security Number

Date