



**YOUNGSTOWN  
STATE  
UNIVERSITY**

**Office of the Registrar, Penguin Service Center**

Meshel Hall, One University Plaza

Youngstown, OH 44555

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
- Student Outreach & Support Office       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, Penguin Service Center 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: \_\_\_\_\_

.....  
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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