



## Parent Information Release Form

STUDENT NAME: \_\_\_\_\_

OSU ID#: \_\_\_\_\_

**Academic Year**

**Date**

(Required yearly)

Student's Ohio State E-mail Address or name.# \_\_\_\_\_

I authorize the Office of Student Financial Aid at The Ohio State University to release confidential information\* to the following agency/person:

**Release to:** (non-custodial parent or agency)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Reason Document(s)/Information to be Released:**

\_\_\_\_\_

\_\_\_\_\_

**List Document(s)/Information To Be Released: \*\*This section must be completed\*\***

\_\_\_\_\_

**Parent Signature**

**Print Parent Name**

*\*This form is specific to parent information. Student information will only be released if the student has completed the Student Information Release Form*