

# Information Request Form



**Student's authorization to disclose information in education records pursuant to Family Educational Rights and Privacy Act of 1974, as amended:**

I request The Ohio State University, Office of the University Registrar, to send the following information contained in my permanent academic record: (Please check the correct box(es))

- Enrollment status for:
  - Current quarter
  - Current academic year
  - Entire history to present
- Intent to enroll for next quarter (status is based on the hours you have scheduled)
- Degrees received and enrollment history
- Grade point average included with each term of enrollment
- Additional Information/Comments:

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**Legal Signature**

**Date**

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**Last Name**                      **First Name**                      **Middle/Maiden**

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**Local Address**                      **City**                      **State**                      **Zip**

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**Daytime Phone Number**                      **Date of Birth (mm/dd/yy)**

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**Student ID**                      **name.#**

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**Quarter/Year Attended**                      **College/School**

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**Degrees/Date Received**

**INSTRUCTIONS:** This request must be completed in full and signed to be valid. Please attach any forms requiring completion to this request.

**Send to:**

