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**INTO OSU and OSU
STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION**

For the purpose of allowing others to assist me with my education, I authorize Oregon State University and INTO Oregon State University, Inc. to release information regarding my application materials as necessary to facilitate the application process for any INTO OSU or OSU academic program.

I authorize INTO Oregon State University, Inc. to release information regarding my student records as necessary to facilitate enrollment and continued progress through any academic program at INTO OSU.

This authorization specifically permits Oregon State University, INTO Oregon State University, Inc., and INTO University Partnerships Ltd. to share my OSU and INTO OSU application materials and INTO OSU student records among them and to provide access to those materials and records to any representative, sponsor, or parent listed below. This authorization remains valid during the OSU and INTO OSU application process and throughout my enrollment in an INTO OSU program.

My Representative (Name): _____ Agency URN: _____

My Sponsor (Name): _____

My Parent or other relative: _____

Other: _____ Relationship: _____

Student's Name (please print): _____

OSU ID Number: _____

Student's Signature: _____ Date: _____