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**OSU DEGREE PROGRAM
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 process, immigration status or academic program to the individual(s) listed below upon request. This form will remain valid until I revoke it in writing. I have indicated below which individual(s) may receive information pursuant to this release [choose one or more]:

My Representative (Name): _____ Agency URN: _____

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Other: _____ Relationship: _____

Student's Name (please print): _____

OSU ID Number: _____

Student's Signature: _____ Date: _____

