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**INTO OSU 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 materials and student records as necessary to facilitate the application process, 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 application materials and student records among them and to provide access to those materials and records to any representative, sponsor, or parent listed below and to any other agency directly responsible for my recruitment or continued participation in the INTO OSU program at Oregon State University.

This authorization remains valid during the application process and throughout my enrollment in the 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: _____

