

FORM 104

Ohio Northern University College of Law Authorization to Share Information Related to Student's Examination Accommodations Request

For purposes of evaluating my initial or renewal request for examination accommodations, I,

Name

Local Address

Local Phone

hereby authorize the Dean of the Ohio Northern University College of Law to disclose specified information to:

the College of Law's Examination Accommodations Committee;
the College of Law's Examination Accommodations Appeals Committee; and,
the College of Law's faculty whose examinations will be taken with accommodations.

Information that can be disclosed includes any and all information submitted to and/or gathered by the Ohio Northern University College of Law in relation to my initial or renewal request for examination accommodation(s).

I understand that the information described above is part of my educational records and includes information about me which is private under the Family Education Rights and Privacy Act, 20 U.S.C. § 1232g ("FERPA"). By signing this Authorization, I am permitting the College to disclose, to the persons I have identified, information which would otherwise be private and not accessible to them.

I understand that, at my request, the College must provide me with a copy of any educational records it releases to the persons named above pursuant to this Authorization. I understand that I am not legally obligated to provide this information and that I may revoke this Authorization at any time by submitting a written request to revoke to the Dean of the Ohio Northern University College of Law. By revoking this authorization, I understand that I will not be permitted any examination accommodations. A copy of this Authorization is as valid as the original.

This Authorization is a free and voluntary act by me, and I understand the consequences of my Authorization.

This Authorization expires after one year or until I revoke it, whichever occurs first.

Student's
Signature: _____

Date: _____