

# MECOP AGREEMENT AND CONSENT TO RELEASE OF RECORDS

**I, the undersigned, understand and agree to the following conditions with regard to my participation in the Multiple Engineering Cooperative Program and the Civil Engineering Cooperative Program (hereafter MECOP):**

## CONSENT TO RELEASE OF EDUCATIONAL RECORDS

*In order to facilitate placement decisions in the MECOP programs, OSU must share information about current and prospective enrollees with MECOP Company representatives. Your permission is required by federal law in order for OSU to release some of this information. By signing below, you are permitting OSU to release the information described below.*

I understand that the Family Educational Rights and Privacy Act of 1974 (FERPA) permits release of the following directory information without my written consent: name, current mailing address and telephone number, current e-mail address (only the ONID address; other e-mail addresses are not directory information), campus office address, class standing (freshman, sophomore, etc.), month and day (NOT year) of birth, major field of study, full-time or part-time enrollment status, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, and most recent previous educational institution attended. FERPA requires my written consent to the release of any information other than the above directory information from my academic record or my financial aid record. I also understand that FERPA permits me to establish confidentiality of my records, including directory information, thus prohibiting release of any and all information about me.

I hereby give OSU representatives permission to release academic, appraisal and program records to MECOP Company Representatives and Faculty Advisors for evaluation purposes concerning internships and employment including, but not limited to, my grades, transcripts, social security number/student I.D., academic college enrolled in, credits earned, graduation status, residency status, fees paid, class rank, current academic status, GPA (grade point average), resume photo, and internship appraisal.

In addition, I give OSU permission to release my phone numbers and addresses to fellow interns during my internship.

This consent to release of records expires one year from the date of my university graduation. I understand that I have the right to revoke this Consent to Release of Educational Records at any time by filing a written revocation of consent with the MECOP office. I further understand that if I revoke my consent, my participation in MECOP will be terminated.

If I have restricted the release of my confidential information with the University's Registrar's Office, I understand any such restriction on file with the Registrar's Office does not apply to the University's release of information for the purposes and within the scope set forth in this Consent to Release of Educational Records.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(To be signed and submitted with the application)

Applicant's printed name: \_\_\_\_\_  
First M.I. Last