INTERNATIONAL STUDENT LIST REQUEST FORM

Student records at Oregon State University (OSU) are protected under federal law by the Family Education Rights and Protection Act (FERPA). Student records are also protected under state law by the Oregon Revised Statutes and the Oregon Administrative Rules (OAR). These laws prohibit the release of certain information without a student’s consent.

International Student Advising and Services (ISAS) may provide the president of a student organization with a list of registered international students from the countries he or she represents. This list includes students’ name, mailing address, telephone number, and ONID email address. This information may only be used for the purpose(s) indicated on this request form.

Who may request a list

Only the president of record for a student organization at OSU may request a list of international students. The office of Student Involvement and Activities maintains a list of organization officers, which must be updated each year by your organization.

Your organization’s faculty advisor may request a list in place of the president if the list of officers has not been updated by Student Involvement and Activities at the time this request is made.

To be completed by the organization president or faculty advisor

A list of students for the requested countries will be emailed to you within five business days of submitting this request.

Name of Student Organization ________________________________________________________________

Requestor Name ___________________________ Your Role: □ President □ Faculty Advisor

Email Address ___________________________________________ Telephone Number ________________

Have you updated your list of officers for the current year with Student Involvement and Activities? □ Yes □ No

Indicate the specific countries you would like a list of students from (do not indicate general geographic regions):

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________
6. ___________________________________________
7. ___________________________________________
8. ___________________________________________
9. ___________________________________________
10. ___________________________________________
11. ___________________________________________
12. ___________________________________________

Indicate how you will use this list: __________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Please check the following to indicate you understand the conditions of this request, and sign and date below.

□ I confirm that I will not disclose this information to any third party, including other student organizations or faculty members.
□ I confirm that I will only use the information requested for the purpose(s) indicated above.

__________________________________________ / _____ / _____
Signature Date