



**Student Authorization for Disclosure of Information
In Education Records**

The Family Education Rights and Privacy Act (FERPA) of 1974 require students to provide written consent for disclosure of confidential/non-directory information to third parties. By signing this form, the student authorizes college personnel to release confidential/non-directory information to designated person(s).

Instructions:

- 1) Student must complete all appropriate fields on this form.
- 2) Email, hand-deliver, or mail the form and other documents to the address above.
- 3) **Note: Forms will not be accepted without signature.**

| | |
|--------------|--|
| First name: | |
| Middle name: | |
| Last name: | |
| Suffix: | |
| Birth date: | |

Authorization:

I hereby authorize _____ to disclose any and all confidential/non-directory information found in my educational record(s) to the program staff or designated authorized individuals indicated below.

| |
|--|
| <input type="checkbox"/> Recruitment and retention staff at the University of Oklahoma |
| <input type="checkbox"/> Recruitment and retention staff at the University of Central Oklahoma |
| <input type="checkbox"/> Recruitment and retention staff at Oklahoma City Community College |
| <input type="checkbox"/> Recruitment and retention staff at Murray State College |
| <input type="checkbox"/> Recruitment and retention staff at East Central University |

| Designated authorized person | Birth date | Email address | Phone number |
|------------------------------|------------|---------------|--------------|
| | | | |
| | | | |

Additional authorization:

I hereby authorize the Chickasaw Nation Recruitment and Retention Program to disclose my educational record(s) from _____ without further notice to me.

All authorizations are valid as long as the student is enrolled with the recruitment and retention program or revokes this authorization in writing.

By signing this form, I authorize college personnel to release confidential/non-directory information to the indicated program or the designated authorized person(s). By providing the name, birth date, email address, and phone numbers of authorized persons, I allow the educational institution to use this information to verify the identity of my authorized person(s) for situations requiring remote communication. I understand the designated authorized person(s) listed on this form will have access in person, by phone, or by U.S. and electronic mail to confidential/non-directory information pertaining to the information found in my educational records.

Student signature

Date

Parent/legal guardian signature (if applicable)

Date