



Student Authorization for Disclosure of Information in Education Records

RETURN COMPLETED FORM TO:
The Chickasaw Nation
Education Services Department
Higher Education Program
300 Rosedale Road
Ada, Oklahoma 74820

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

Instructions:

To authorize the Chickasaw Nation Education Division and Higher Education Program to obtain your educational information and to authorize the Chickasaw Nation Education Services Department to release your educational information to individuals or to the college/university you are attending, please:

- 1) Fill out all appropriate fields on this form; and
- 2) Hand-deliver or mail the form to the address above.

Note: Forms will not be accepted without a signature.

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

Please enter the name of the organization(s) or individuals to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Organization authorized			
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked

Individual authorized	Birth date	SSN	
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

Authorization:

I hereby authorize the Chickasaw Nation Education Division and Higher Education Program to disclose my educational record(s) to the above-mentioned college/university or individuals:

 Student's signature _____
Date

 Parent's signature (if applicable) _____
Date

Authorization:

I hereby authorize the _____, to disclose my educational
Name of educational institution
 record(s) to the above-mentioned Chickasaw Nation Education Division and Higher Education Program:

 Student's signature _____
Date

 Parent's signature (if applicable) _____
Date

To enhance security measures, students now have the option to generate a personal identification number (PIN) for their student files. Anyone seeking information regarding your student file will be required to verify the PIN before information will be released. This can be done by going to www.chickasaw.net/highered and clicking on "Fill form out online." By initialing the line below you are refusing this service and allowing organizations/individuals to retrieve information regarding your file based solely on this form.

 Student's initials

The vision of the education services department is to provide services that encourage and support academic and professional development of Chickasaw students.