



# Student Consent for Release

## Personal Information & Education Records

Office of the Registrar  
 Grady Clack Center  
 1801 East Fourth Street  
 Okmulgee, OK 74447-3901

(918) 293-4682  
 Fax: (918) 293-4614  
 osuit.registrar@okstate.edu

Student's Name (print) \_\_\_\_\_ Student's ID (CWID) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for Oklahoma State University Institute of Technology - Okmulgee (OSUIT) to release any personally identifiable information from my education records not defined as "Public/Directory Information" under the University's FERPA policy.

I, therefore, authorize access to all my educational records (includes all financial and academic records) to the following:

	NAME	RELATIONSHIP	*CODE (not required) (alphanumeric)	HINT
<i>Example</i>	<i>Samuel Jones</i>	<i>Father</i>	<i>Bingo</i>	<i>Dog's name</i>
#1				
#2				
#3				
#4				

- A CODE is not required but will supply an additional security check. Please supply the CODE and HINT to each person named above, if applicable. We will require the CODE from the person named if a CODE is supplied.

**ABOUT YOUR CONFIDENTIAL RECORDS:**

I understand that my records are protected under a number of federal and state confidentiality regulations and cannot be disclosed without my prior written consent unless otherwise provided for in state and federal regulations, such as Directory Information. I also understand that I may revoke this consent by writing a request at any time except to the extent that action has been taken in reliance on it (e.g. information has been sent or received prior to your revocation, etc.).

I further understand that Oklahoma State University and/or its staff/employees cannot be responsible for confidentiality of information disclosed after said information has been released pursuant to this authorization, and I hereby release Oklahoma State University, and its staff/employees from any liability arising from such disclosure.

Acknowledging the above, with the attached signature, I hereby give authority to proceed as directed herein.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_