

FERPA RELEASE

Northwestern Oklahoma State University

Name of Student: _____

ID: _____ DOB: _____

Student's Phone #: _____

I, the undersigned, hereby authorize Northwestern Oklahoma State University to release the following education records and information (initial desired types of records):

Billing

Financial Aid

Registry

To: _____
(Name and Address of Person/Agency to Receive Information)

Parent's Phone # _____

For the purpose of receiving information about student accounts

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Northwestern Oklahoma State University, but that any such revocation shall not affect disclosures previously made by Northwestern Oklahoma State University prior to the receipt of any such written revocation.

Student's Signature

Date

Signature of Parent or Guardian if Student is under 18

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.