



# Northwestern<sup>TM</sup>

## OKLAHOMA STATE UNIVERSITY

### FERPA RELEASE

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, unless prohibited by federal or state law, regulation, or policy. Check all applicable types of records below:

- Billing       Financial Aid       Registry       Any and all information pertaining to this student at NWOSU

To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 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.**