



## FERPA Authorization

### Release of Student Records

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

#### Instructions:

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their education records. Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Choctaw Nation of Oklahoma allowing the release of their education records to specified third parties. While this form authorizes the Choctaw Nation of Oklahoma to obtain and/or release education records, it does not require or obligate the Choctaw Nation of Oklahoma to do so. The Choctaw Nation of Oklahoma reserves the right to review and respond to requests for release of education records on a case-by-case basis.

LAST NAME OF STUDENT	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

Please enter the name of the individuals to whom the authorization is provided. You may enter more than one name. Enter only ONE name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access to education records may be provided:	
_____	_____
Name(s) of person(s) to whom access to records may be provided	Date
_____	_____
Name(s) of person(s) to whom access to records may be provided	Date

#### Authorization:

I hereby authorize the Choctaw Nation of Oklahoma to obtain and/or disclose my educational record(s) including but not limited to personally identifiable information contained in my records, to the designated college/university or individuals.

Name of Educational Institution	
Student's Signature	Date
Parent or Guardian Signature (if under 18 years of age)	Date

#### Authorization:

I hereby authorize \_\_\_\_\_ to disclose my educational record(s) to the Choctaw Nation of Oklahoma.  
(Name of Educational Institution)

Student's Signature	Date
Parent or Guardian Signature ( if student is under 18 years of age)	Date

**I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Choctaw Nation of Oklahoma. Initials \_\_\_\_\_**

_____	_____
Student's Signature	Date
_____	_____
Parent or Guardian Signature (if under 18 years of age)	Date

**Note: Forms will not be accepted without a signature.**

*This information is released subject to the confidentiality provisions of applicable federal laws and Choctaw Nation of Oklahoma policies or regulations which may prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.*