RELEASE OF STUDENT RECORDS

Pursuant to Family Education Rights and Privacy Act of 1974, as amended. Purpose for this release:
- To authorize the Choctaw Nation of Oklahoma to obtain your educational information
- To authorize the Choctaw Nation of Oklahoma to release your educational information to individuals or the college/university/technical school you are attending

Instructions:
- Please complete the appropriate fields and hand-deliver to your counselor or mail to the address below
- Mail to: Choctaw Nation Career Development, Attn: (Your counselor's name), PO Box 1210, Durant, OK 74702-1210

_____ _____ _____ _____
Last Name   First Name   Middle Name   Date of Birth

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

_____   ❑ Given   ❑ Revoked
Individual Authorized

_____   ❑ Given   ❑ Revoked
Individual Authorized

Authorization

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

_____
Name of Educational Institution

_____   _____
Student Signature   Date

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

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

_____   _____
Student Signature   Date

_____   _____
Parent or Guardian Signature (if 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.

_____   _____
Student Signature   Date

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

Note: Forms will not be accepted without a signature