



## 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
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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.

Individual Authorized	<input type="checkbox"/> Given <input type="checkbox"/> Revoked
Individual Authorized	<input type="checkbox"/> Given <input type="checkbox"/> Revoked

### 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