Northwestern™
OKLAHOMA STATE UNIVERSITY

FERPA RELEASE

Please return completed form to Registry Office located inside Herod Hall.

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.

8/18/22