

**Eastern Oklahoma State College**  
**Student Request to Share Information & FERPA Waiver**

*Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) or organization(s) designated below.*

\_\_\_\_\_  
Student Name (please print) SS#

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

Circle # One (1) or # two (2), if two list only the records you want to be released. Initial here: \_\_\_\_\_

1. *I authorize Eastern Oklahoma State College to release any or all of my educational records to the individual(s)/organization(s) listed below.*

**OR**

2. *I authorize Eastern Oklahoma State College to release only the following information:*

\_\_\_\_\_  
\_\_\_\_\_

*(i.e. grades, transcript, enrollment/attendance records, accounting & financial information, results of disciplinary proceedings)*

Parents, guardians or family members to whom my records may be released (These individuals will be required to provide proof of identification before information can be released):

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

Relationship to Student: \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address & Telephone #: \_\_\_\_\_

*Other person(s), agency (ies), and institution to whom my records may be released (Please include name of organization & contact person, address and telephone number):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I understand that:***

1. *I have the right not to consent to the release of my education records.*
2. *This consent shall remain in effect until I submit a written request to cancel this authorization.*

\_\_\_\_\_  
**Date** \*\* \_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Print Name of Student**

**\*\* For this form to be validated for campus use, Student must sign this form in the presence of a staff member in the Registrar's Office-Library Building, Room 105. Staff member Initial here: \_\_\_\_\_**