



# FERPA Authorization

## 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 provided.

Mail to: Choctaw Nation Career Development Attn: (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.

Individual(s) Authorized	<input type="checkbox"/> given	<input type="checkbox"/> revoked
_____	<input type="checkbox"/> given	<input type="checkbox"/> revoked
_____	<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.

<i>Name of Educational Institution</i>	
<i>Student's Signature</i>	<i>Date</i>
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)*

<i>Student's Signature</i>	<i>Date</i>
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.

<i>Student's Signature</i>	<i>Date</i>
Parent or Guardian Signature (if under 18 years of age)	Date

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