

**The University of Central Oklahoma
Educational Records Release Authorization**

The Family Educational Rights and Privacy Act (FERPA) federal law prohibits the disclosure of personally identifiable information of the education record of a student with some general exceptions including, but not limited to:

- The release of information for students who have given written consent;
- The release of emergency-related information to parents for students involved in a health or safety emergency;
- The release of information to parents, if their student has been found "RESPONSIBLE" for violating any University alcohol or controlled substance policy or any local, state, or federal law and are under the age of 21; or
- The release of information which has been designated by the University as Directory Information (except for those students who have requested, in writing, to have this information withheld);
- The release of information to a parent, if that parent has claimed that student as a dependant for tax purposes, as defined in section 152 of the Internal Revenue Code of 1986.

If a student wishes to waive this right, then the student must complete this form.

PERSON/AGENCY TO WHOM I AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION

The person/agency to which you authorize the release of confidential information is normally prohibited from disclosing the information to other parties. Please note that release of this record or disclosure of its contents to any third party not listed below without the written consent of the student is prohibited. Release from other departments must be obtained from the specific departments where information is being requested.

NAME/AGENCY

RELATIONSHIP

PHONE NUMBER

(Additional names of persons authorized to receive confidential academic information should be noted on separate Educational Records Release Authorization forms. The telephone number may be used to verify identity.)

Information which can be released to this person should be listed below. Be specific, e.g., term grades, progress to degree, academic transcript, conduct records, etc. Information not listed will not be released.

Please state the reason(s) for the release of such information, i.e "conduct investigation" or "background check".

Please circle the medium in which the information should be released: Verbally or Written Material

PERIOD OF TIME DURING WHICH THIS WAIVER WILL BE IN EFFECT

This waiver is valid from the time it is signed until the beginning of the following academic year, at which time it must be renewed. If you wish to cancel or amend this waiver, then you must provide a written request to this department. If this waiver is a one-time only condition, then please indicate below that the one-time only condition is valid.

One-Time only: _____

I, (Print Name) _____, have provided the preceding information freely, without coercion or threat.

STUDENT SIGNATURE: _____

DATE: _____

Student Banner ID#

Date of Birth

Phone Number

"FOR UNIVERSITY DEPARTMENTAL USE ONLY"

Authorized by (PRINT): _____

Department: _____

Signature: _____

Date: _____