



# FERPA: Consent to Release Student Information

In accordance with Family Educational Rights and Privacy Act (FERPA)

Office of Admissions • 1507 So McKenna • Poteau, OK 74953 • 918-647-1300 voice • 918-647-1306 fax



**Directions:** Please write clearly and present this completed form to the Office of Admissions & Records with picture ID.



## STUDENT NAME

FULL NAME: \_\_\_\_\_ CASC ID#: \_\_\_\_\_ CELL/CONTACT: \_\_\_\_\_

## AUTHORIZE

I authorize Carl Albert State College to release information as below:

1

RECIPIENT LAST NAME	FIRST NAME	MIDDLE	RELATIONSHIP TO STUDENT
Telephone Number			Email

2

RECIPIENT LAST NAME	FIRST NAME	MIDDLE	RELATIONSHIP TO STUDENT
Telephone Number			Email

## INFORMATION TO RELEASE

Please check one or more of the boxes below to grant authorization to Recipient:

- Admissions/Education Records (includes, but, not limited to transcript, test scores, course schedule, others)
- Financial Aid records (includes, but, not limited to FAFSA, awards, satisfactory academic progress, others)
- Business Account/Billing records (includes, but, not limited to account balances, charges, billing, payment, others)
- Student Life issues/records (includes, but, not limited to housing and disciplinary)
- ANY AND ALL OF THE ABOVE RECORDS
- Release Only this specified item(s): \_\_\_\_\_
- Comment: \_\_\_\_\_

## READ AND SIGN:

I understand the information may be released orally or in the form of copies of records as preferred by the Recipient. I give my authorization to release the specified information to the Recipient listed above and understand that I am releasing CASC from all legal responsibility or liability due to information released to this "third party" as a result of my consent. Further, I understand that until I REVOKE my action, this *Consent to Release Information* shall remain in effect and any and all of the records will continue to be provided to the Recipient above as authorized above. [Submit this form to: Carl Albert State College, Office of Admissions & Records, 1507 So McKenna, Poteau, OK 74953.]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Your *Consent to Release Student Information* has no expiration date. However, you may **revoke your authorization** at any time, either by sending a written request to the same address with a copy of your picture ID or signing the *Revoke this Consent to Release Student Information* (present picture ID).

### To REVOKE this "Consent to Release":

I, \_\_\_\_\_, revoke my prior authorization for Carl Albert State College to release my records specified on this form and to the individual(s) listed above. This takes effect immediately.

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 Student Signature Date CASC ID Number

FOR OFFICE USE ONLY: Picture ID verified by: \_\_\_\_\_ Processed date: \_\_\_\_\_