

FERPA: Student Information Release Authorization

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

Permission to Release to a Third Party

In compliance with the federal Family Education Rights and Privacy Act (FERPA) of 1974, the Office of Admissions & Records of Carl Albert State College is prohibited from providing certain information from your student records to a third part, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant Carl albert State College permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third part. Carl Albert State College does not automatically send information to a third party.

Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address or signing the *Revoke Authorization* below. This form allows third parties to access student record information from any campus. Should you have on file a *Withhold Directory Information*, this release overrides the withhold request and allows the designated third party below access to your student record. (*Please note: student may write the purpose as ONE-TIME ONLY if this is the intention*).

	ent):			Γhird Party (Reci	ipient):
STUDENT LAST NAME	FIRST NAME	MIDDLE	LAST NAME	FIRST NAME	MIDDLE
SOCIAL SECURITY NUMBER - OR-	CASC STUDENT ID#		RELATIONSHIP TO ST	TUDENT or AGENCY/SCHOOL	
DATE			ADDRESS		
	Comment:		CITY, STATE, ZIPCODE	Ē	
☐ Any and all academic r☐ Only these academic r☐ Financial Aid records☐ Student account/billin☐ Student conduct issue	ecord(s): g record(s)				
By signing below, I give my author form all legal responsibility or liab Carl Albert State College, Office of	ility due to inform	ation released to this	"third party" as a result of		
form all legal responsibility or liab	ility due to inform Admissions & Red	ation released to this	"third party" as a result of	my consent. Submit you	