

University of Oklahoma Open Records
Office Norman, Oklahoma 73019
(405) 325-0202
(405) 325-9034 fax

FERPA Consent Form

Permission to Release Educational Record Information

Requested By:

Release To (Recipient): (if not the requestor)

LAST NAME FIRST NAME

LAST NAME FIRST NAME

STUDENT IDENTIFICATION NUMBER

ORGANIZATION/SCHOOL

DATE

ADDRESS

DATE OF BIRTH

CITY, STATE, ZIP

Specify which education records you want to be released:

Examples of Education records - include transcripts, student and/or academic conduct records, campus police, housing, student employment, financial aid, and bursar information. Please also list in the notes section, any other authorized parties to receive or discuss records on your behalf.

Specify the purpose for the release of records:

Specify how the records will be released (please circle and then provide the correct contact information as needed):

Email Fax Mail In Person

I give permission to the **University of Oklahoma** to incorporate the above-specified information, which may be contained within my education records, to the recipient listed above.

STUDENT PRINT NAME

STUDENT SIGNATURE DATE

STUDENT SOCIAL SECURITY NUMBER*

STUDENT CONTACT PHONE NUMBER

NOTES:

* Disclosure of your Social Security Number is voluntary. If you consent to disclose your Social Security Number by including it here, it will be used for student identification purposes. Failure to provide your Social Security Number may result in a delay in the release of your records.

*If you would like for your parent or guardian to view certain education records, such as transcripts, in the future, please visit: http://www.ou.edu/recordsandtranscripts/release_of_information and fill out the Parental Access to Student Education Records form online.