



Student Authorization for Disclosure of Information in Education Records

RETURN COMPLETED FORM TO:
The Chickasaw Nation
Department of Education Services
Higher Education Program
122 E. Main Street
Ada, OK 74820

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

Instructions:

To authorize the Chickasaw Nation Higher Education Program to obtain your educational information and to authorize the Chickasaw Nation Department of Education Services to release your educational information to individuals or the college/university you are attending, please.

- 1) Fill out all appropriate fields on this form;
- 2) Drop off or mail the form to the address above.

Note: Forms will not be accepted without a signature.

First Name:	
Middle Name:	
Last Name:	
DOB:	

Please enter the name of the organization(s) or individuals to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Authorization:

I hereby authorize the Chickasaw Nation Higher Education Program to disclose my educational record(s) to the above-mentioned college/university or individuals:

Student's signature

Date

Parent's signature (if applicable)

Date

Authorization:

I hereby authorize the _____, to disclose my educational record(s) to the above-mentioned Chickasaw Nation Higher Education Program:

Name of educational institution

Student's signature

Date

Parent's signature (if applicable)

Date