

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

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

Items contained within my education records which may be released:

Transcript, student and academic conduct records, campus police, housing, student employment, financial aid, and bursar information

Purpose:

I give permission for the **University of Oklahoma** to incorporate the 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 of the release of your records.