



Release of Records Form

I hereby give written approval to grant access or release of my educational records to a third party under the Family Educational Rights and Privacy Act of 1974 (Waiver of Right to Privacy, Buckley Amendment) with respect to my academic records at Southeastern Oklahoma State University and grant permission for each of the below named to obtain such records without my written consent for a five year period. I understand that I can terminate this waiver at any time during the five year period by informing the Registrar's Office in writing of my desire to do so.

Student ID: _____

Student's Printed Name: _____

Starting Date: _____ Ending Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Name: _____

Address: _____

City/State/Zip: _____

Name: _____

Address: _____

City/State/Zip: _____

I understand that the above named person(s) will have access to my educational records without additional written consent in accordance to FERPA policies/guidelines.

*Student Signature: _____ Date: _____

University Official or Notary _____ Date: _____

RETURN FORM: **BY MAIL:** Southeastern Oklahoma State University
ATTN: Registrar's Office
1405 N 4th, PMB 4139
Durant, OK 74701-0609

IN PERSON: Administration, Room 100 **BY FAX:** 580-745-7472

For questions or additional information, please contact the Registrar's Office by phone at 580-745-2165 or in person at the Administration Building, Room 100.

*This form MUST be signed in the presence of a Notary Public or a University official and MUST be filed in the Registrar's Office in order to be valid.