

Request for Termination of Release of Records or Privacy Hold

CHECK ONE:

____ RELEASE OF RECORDS

I request that the Registrar's Office at Southeastern Oklahoma State University terminate my Release of Records request currently on file. I understand that by terminating this release, third parties cannot obtain my academic records except for directory information* without my written consent.

PRIVACY HOLD

I request that the Registrar's Office at Southeastern Oklahoma State University terminate my Privacy Hold request currently on file. I understand that by terminating this hold, Southeastern is authorized to release directory information* to third parties without my written consent.

Student ID:_____

Printed Name:

I understand that by terminating this release/hold, only directory information* will be released to third parties without written consent in accordance to FERPA policies/guidelines.

**Student Signature:		Date:		
University Official or	Notary		Date:	
RETURN FORM:	BY MAIL:	Southeastern Oklahoma State Univ ATTN: Registrar's Office 425 W University Durant, OK 74701	versity	
	IN PERSON:	Administration, Room 100	BY FAX:	580-745-7472

For questions or additional information, please contact the Registrar's Office at 580-745-2165.

*A list of information that SOSU has declared to be Directory Information is included in the current schedule of classes and undergraduate catalog.

**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.