

CONSENT TO RELEASE STUDENT RECORDS



Please review this document carefully, complete the appropriate fields, and sign where indicated.

Student ID (N #) I, _____ voluntarily give my consent to the following offices to disclose the student records described, on this form, to the below listed authorized person(s):

Authorized Person(s)

*Security Code

Bursar

Financial Aid

Registrar

Conduct

Disability Services

Housing

Bursar

Financial Aid

Registrar

Conduct

Disability Services

Housing

Bursar

Financial Aid

Registrar

Conduct

Disability Services

Housing

Below is a description of what information may be released by each office.

- **Bursar:** Business and/or bursar’s records which may include tuition, fees, and other charges
- **Financial Aid:** Financial aid records which may include academic records related to financial aid standing
- **Registrar:** Academic transcript information which may include enrollment, grades, academic standing, honor roll, or degrees
- **Conduct:** Student conduct file
- **Disability Services:** Disability services records which may include accommodations and correspondence
- **Housing:** University Housing records which may include assignments, meal plans, charges, and conduct information

*Security Code will need to be provided by the Authorized Person(s) via the phone or in person prior to NSU releasing any information related to student records. This is an eight-digit field: alphanumeric and/or special characters allowed.

Methods of communication that may occur are personal viewing access to the contents/documentation within student’s file (copies of the file will not be provided; the file may not leave NSU office), oral discussion of the student’s file with a member of NSU office, and/or written correspondence (may include email).

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Please note: NSU employees will be authorized to release Bursar, Financial Aid, Registrar, Conduct, Disability Services, and/or Housing information to the above mentioned person(s). This form replaces any previously filled out Consent To Release Student Records, which will be considered null and void.

I understand this release represents your written consent to disclose educational records maintained by Northeastern State University. Furthermore, I understand that under the Federal Education Rights and Privacy Act (FERPA) of 1974, no disclosure of my records without a legitimate educational need to know, may be made without my written consent unless otherwise provided for in legal statutes or emergency as defined by FERPA. I also understand that I may revoke this consent at any time (via written request), except to the extent that action has already been taken upon this release.

Student Signature

Date

NSU Employee

Date

Completed form may be returned to one of the following offices on either the **Tahlequah or Broken Arrow** Campuses. A **valid photo ID** must be presented at time document is submitted.

Bursar Services * Financial Aid * Registrar * Student Affairs