



# Student Consent for Access to Education Records



0023

### Instructions for completing this form:

1. The form must be fully completed and signed by the student. **Records cannot be released if any section of this form is not filled out entirely.**
2. Completed forms should be submitted to the Admissions Office in the Walkingstick Building, or mailed to Admissions Office, Seminole State College, 2701 Boren Blvd, Seminole, OK 74818; or faxed to the Admissions Office 405-382-9524. Questions about this form may be directed to the Admissions Office at 405-382-9230.

Name of Student (Last, First, Middle Initial):	Student ID:	Date:
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form *authorizes* Seminole State College to release education records to third parties, it does not *obligate* Seminole State College to do so. Seminole State College reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit SSC's Information page at <http://www.sscok.edu/CompliancePg.html> or the U.S. Dept. of Education's website at <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

### SECTION A. Education records to be released (check all that apply):

- Academic Information** (ie. grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information** (ie. awards, application data, disbursements, eligibility, financial aid academic progress status)
- Student Account Information** (ie. billing statements, charges, credits, payments, past due amounts, collection activity)
- All records listed above**
- Other** (please specify):

### SECTION B. Person(s) to whom access to education records may be provided:

Name(s) and Relationship(s) of person(s) to whom access to records may be provided (use additional pages if necessary):

Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____

### SECTION C. Duration of release (check one):

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: \_\_\_\_\_
- Permanent:** This authorization will remain in effect until otherwise notified by the student

### SECTION D. Agreement and Signature

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Admissions Office.

_____	(Date)	_____	(Date)
Student's Signature		Signature of Parent or Guardian (if under 18)	

*This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.*