

# 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**

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).

## CONSENT TO RELEASE STUDENT RECORDS



**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 my 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**