



NORTHEASTERN STATE UNIVERSITY

CONSENT TO RELEASE STUDENT RECORDS

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

I, _____ Student ID (N number) _____ voluntarily give my consent to the below listed (Print Full Name)

authorized person(s) to disclose the following student records:

Table with 8 columns: Authorized Person(s), Bursar, Financial Aid, Registrar, Conduct, Disability Services, Housing, *Security Code (8 character max). Each column has a checkbox and a line for input.

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

- Bursar: Business and/or bursars 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).

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). Any previously filled out FERPA authorization 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