

Southeastern Oklahoma State University

Office of the Registrar

Release of Records

I, _____, hereby give written approval to grant access or release of my educational records to a third party under the Family Educational Rights and Privacy Act of 1974 (Waiver of Rights to privacy, Buckley Amendment) with respect to my academic records at Southeastern Oklahoma State University and grant permission for each of the below named to obtain such records without my written consent for a five year period commencing on _____ and ending on _____.

I understand that I can terminate this waiver at any time during this **five year period** by informing the Office of the Registrar **in writing** of my desire to do so.

Name _____

Address _____

City, State, & Zip _____

Name _____

Address _____

City, State, & Zip _____

Name _____

Address _____

City, State, & Zip _____

Signature*

Date

Social Security Number

Print Name Clearly Here

*This form **must** be signed in the presence of Notary Public or a University official.

*This form **must** be filed with the Office of the Registrar in order to be valid.

*Signature of Notary/University Official