

**OKLAHOMA CITY COMMUNITY COLLEGE
AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION**

The Family Education Rights and Privacy Act (FERPA) of 1974 requires students to provide written consent for disclosure of confidential/non-directory information to third parties. By signing this form, the student authorizes college personnel the release of confidential/non directory information to designated person(s).

Student Name: _____ **Student ID#:** _____

By signing this form, I authorize college personnel to release confidential/non-directory information to designated person(s). By providing name, birthdate, email, and phone numbers of authorized persons, I allow the appropriate office to use this information to verify the identity of my authorized person(s) for situations requiring remote communication.

I understand the person(s) listed on this form will have access in person, by phone, or by U.S. and electronic mail to confidential/non-directory information pertaining to the information designated below:

- Student Records** such as admission applications, enrollment activity and academic history including grades, academic progress, and course schedules (GPA, ID number, or grades cannot be released via phone or email).
- Financial Records** such as financial aid documents and billing/payment information.
- Student Discipline Records** (If applicable)

Name(s) of authorized person(s). When requests for information are made via phone or email, the authorized person(s) must verify both his or her birthdate and phone number, as well as the birthdate and phone number of the student, prior to release of information.

AUTHORIZED PERSON 1:

Name _____

Birthdate: _____ Phone Number _____ Email: _____

AUTHORIZED PERSON 2:

Name _____

Birthdate: _____ Phone Number _____ Email: _____

AUTHORIZED PERSON 3:

Name _____

Birthdate: _____ Phone Number _____ Email: _____

This authorization will remain in effect until:

Revoked in writing by student The end of the current semester Date _____

Student signature: _____ **Date:** _____

**OKLAHOMA CITY COMMUNITY COLLEGE
AUTHORIZATION OF PROXY**

Students unable to process transactions in person or via their Student Portal may designate another person to process transactions on their behalf by proxy. In compliance with the federal [Family Educational Rights and Privacy Act](#) of 1974, the student must sign a release authorizing the processing of transactions by proxy.

The student (not the proxy) has the ultimate responsibility for complying with applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees.

I hereby authorize the person(s) listed below to serve as my proxy to process transactions at Oklahoma City Community College. My proxy may have access to any and all of my records that they request for the purpose of processing transactions. I understand that I am responsible for any decisions made by my proxy on my behalf. I also understand that I am responsible for complying with all applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees, etc.

Name(s) and relationship of people authorized for proxy: (Please print)

By signing this form, I grant access to my proxy to view academic and financial information related to my record.

By signing this form, I understand that my proxy has authorization to make academic and financial changes to my record. This includes, but is not limited to, changes in my enrollment, changes in my financial information, and changes in my academic standing.

Photo identification of person named as proxy is required prior to the processing of any transaction.

This authorization will remain in effect until:

Revoked in writing by student The end of the current semester Date _____

Student signature: _____

Date: _____