



**Department of Education / Education Services
Recruitment and Retention Program**

103 West Boyd Street / Norman, OK 73069 / (405) 767-8882
Website: www.Chickasaw.net/rr Email: rr@Chickasaw.net

Recruitment and Retention Program Application

Instructions:

1. Fill out all appropriate fields on this form; and
2. Email, hand-deliver, or mail the form and other documents to the address above.

Recruitment and retention program goal:

To prepare, support, and empower the Chickasaw student for success. Through participation in social, cultural, and campus events, academic support, and career development, retention rates will increase for Chickasaw citizens.

Student ID: _____ School name: _____

Name: _____
First Middle Last Suffix

Permanent address:

Mailing address: _____
Street City State ZIP

Physical address: _____
 same as mailing Street City State ZIP

Birth date: _____ Gender: Male Female
(Required for security purposes)

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Emergency contact: _____

Relationship: _____ Phone no.: (____) _____

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Student signature

Date

Recruitment and retention coordinator signature

Date



**Student Authorization for Disclosure of Information
In Education Records**

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

Instructions:

- 1) Student must complete all appropriate fields on this form.
- 2) Email, hand-deliver, or mail the form and other documents to the address above.
- 3) **Note: Forms will not be accepted without signature.**

First name:	
Middle name:	
Last name:	
Suffix:	
Birth date:	

Authorization:

I hereby authorize _____ to disclose any and all confidential/non-directory information found in my educational record(s) to the program staff or designated authorized individuals indicated below.

<input type="checkbox"/> Recruitment and retention staff at the University of Oklahoma
<input type="checkbox"/> Recruitment and retention staff at the University of Central Oklahoma
<input type="checkbox"/> Recruitment and retention staff at Oklahoma City Community College
<input type="checkbox"/> Recruitment and retention staff at Murray State College
<input type="checkbox"/> Recruitment and retention staff at East Central University

Designated authorized person	Birth date	Email address	Phone number

Additional authorization:

I hereby authorize the Chickasaw Nation Recruitment and Retention Program to disclose my educational record(s) from _____ without further notice to me.

All authorizations are valid as long as the student is enrolled with the recruitment and retention program or revokes this authorization in writing.

By signing this form, I authorize college personnel to release confidential/non-directory information to the indicated program or the designated authorized person(s). By providing the name, birth date, email address, and phone numbers of authorized persons, I allow the educational institution to use this information to verify the identity of my authorized person(s) for situations requiring remote communication. I understand the designated authorized 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 found in my educational records.

Student signature

Date

Parent/legal guardian signature (if applicable)

Date