



*the*  
**Chickasaw  
Nation**

Education Services  
Higher Education Program

**Bill Anoatubby**  
Governor

## Student Authorization for Disclosure of Information In Education Records

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended

**Instructions:**

To authorize the Chickasaw Nation Higher Education Program to obtain your educational information and to authorize the Chickasaw Nation Higher Education Program to release your educational information to individuals or the college/university you are attending

1. Fill out all appropriate fields on this form; and
2. Hand-deliver or mail the form to the address to the right.
3. **Note:** Forms will not be accepted without a signature.

**RETURN COMPLETED FORM TO:**

The Chickasaw Nation  
Higher Education Program  
300 Rosedale Road  
Ada, Oklahoma 74820

<b>First name:</b>	
<b>Middle name:</b>	
<b>Last name:</b>	
<b>Suffix:</b>	
<b>Birth date:</b>	

Please enter the name of the organization(s) or individual(s) to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Organization(s) authorized			
	<input type="checkbox"/> given	<input type="checkbox"/> revoked	
	<input type="checkbox"/> given	<input type="checkbox"/> revoked	

Individual(s) authorized	Birth date	
		<input type="checkbox"/> given <input type="checkbox"/> revoked
		<input type="checkbox"/> given <input type="checkbox"/> revoked
		<input type="checkbox"/> given <input type="checkbox"/> revoked
		<input type="checkbox"/> given <input type="checkbox"/> revoked

**Authorization:**

I hereby authorize the \_\_\_\_\_ to disclose my educational record(s) to the above-mentioned organization(s) or individual(s)

and also authorize to disclose or obtain my educational record(s) to/from \_\_\_\_\_

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian signature (if applicable)

\_\_\_\_\_  
Date

To enhance security measures, students now have the option to generate a PIN for their student files. Anyone seeking information regarding your student file will be required to verify the PIN before information will be released. This can be done by going to [www.chickasaw.net/highered](http://www.chickasaw.net/highered) and clicking on "fill form out online." By initialing the line below you are refusing this service and allowing organizations/individuals to retrieve information regarding your file based solely on this form.

\_\_\_\_\_  
Student's Initials

The vision of the education services division is to provide services that encourage and support academic and professional development of Chickasaw students.