



Department of Education / Education Resources Division

Recruitment and Retention

103 West Boyd Street / Norman, OK 73069 / (405) 767-8882

Website: www.Chickasaw.net/rr / Email address: 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.

Name: _____
First Middle Last Suffix

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

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

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

Email address: _____

School information:

- School name: East Central University Mid-America Christian University Murray State College
 Oklahoma City Community College Rose State College University of Oklahoma
 Southeastern Oklahoma State University University of Central Oklahoma
 Oklahoma State University-Oklahoma City

Student ID no.: _____

Preferred method of contact: Email Phone Text

Emergency contact information:

Name: _____

Relationship: _____ Phone no.: (____) _____

Email address: _____

=====

Student signature

Date

Recruitment and retention coordinator signature

Date



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**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
(School name)
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
<input type="checkbox"/> Recruitment and retention staff at Rose State College
<input type="checkbox"/> Recruitment and retention staff at Mid-America Christian University
<input type="checkbox"/> Recruitment and retention staff at Southeastern Oklahoma State University
<input type="checkbox"/> Recruitment and retention staff at Oklahoma State University-Oklahoma City

Designated authorized person	Birth date	Email address	Phone no.

Additional authorization:

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

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