

## PERMISSION TO RELEASE EDUCATION RECORD INFORMATION

Students may authorize the release of their education record information to a third party on either a one-time or an on-going basis. Authorizations for release of information on an on-going basis will remain valid for one year following the student's last enrollment at the University of Oklahoma Health Sciences Center or until canceled in writing by the student at any time. If you have any questions about this policy, please contact the Office of Admissions and Records at the address below or at (405) 271-2359.

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Student's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_

I authorize release of my information to: \_\_\_\_\_, with an address at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the release of information:

\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box(es):

- Please send a copy of my grades at the end of each term to the person names above.
- Please provide a Degree Verification form to the person named above, upon request.
- Please provide an official transcript of my academic record upon request to the person named above.
- Please provide an Enrollment Verification form to the person named above, upon request.

Please check one:

- This authorization is valid for this request only.
- This authorization should remain valid for one year after my last term of enrollment at the University, unless I revoke it before that time.

**I understand that I may revoke this consent in writing at any time.**

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

Date: \_\_\_\_\_

**Office of Admissions and Records, University of Oklahoma Health Sciences Center, 1105 N. Stonewall Ave., LIB 121, Oklahoma City, OK 73117-1221**