

Permission to Release Education Record Information

Students may authorize the release of their education record information to a third party on either a onetime 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 in a University of Oklahoma Health Sciences academic program or until canceled in writing by the student at any time. If you have any questions about this policy, please contact OU Recruitment & Admissions.

Recruitment & Admissions

Mail: 920 Stanton L. Young Blvd., Suite 2450 Oklahoma City, OK 73104-5036

Phone: (405) 271-2359 Fax: (405) 271-2480

Email: admissions@ouhsc.edu

	RELEAS	E INFORMATION	
Student Name (Last, First, Middle)	Student ID		Date of Request
I authorize the release of my information to:	Purpose of the I	release of information	
Name	Send an official transcript of my academic record upon request to the party named above		Student conduct conversation with the party named above
Relationship (e.g. parent, prospective employer)	Send an Enrollment Verification form to the person named above		Student Accommodations Services and related needs
Mailing Address:	General co above	nversation with the party named	Advising Appointment
	AUTI	HORIZATION	
This authorization is valid for this request only. This authorization shows a valid for one year after the term of enrollment at	er my last the University,	Student Signature	Date
unless I revoke it befo	ore that time.	Student Email	Student Phone Number
	NOTARY (RE	QUIRED IF MAILED)	
If unable to deliver in person, the following section	on must be comple	ated by a Notary Dublic and mailed to	the address below.
State of County of	=		the address below.
On this day of, 20, basis of, to be the signed o		personally appeared before	re me whose identity I proved on the
		Notary Public	
Commission Expires:			
		Commission Number:	
	ADMINIST	RATIVE USE ONLY	
Received By Date		Driver's License Student ID	Other