## OKLAHOMA CITY COMMUNITY COLLEGE AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

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

Student Name:		Student ID#:	
person(s). appropriat	. By providing name, birthdate, email, a	release confidential/non-directory information to designated and phone numbers of authorized persons, I allow the identity of my authorized person(s) for situations requiring	
	and the person(s) listed on this form will han infidential/non-directory information pertaini	ave access in person, by phone, or by U.S. and electronic ng to the information designated below:	
	•	plications, enrollment activity and academic history and course schedules (GPA, ID number, or grades cannot	
	Financial Records such as financial aid	documents and billing/payment information.	
	Student Discipline Records (If applicate	ole)	
person(s)	• • • • • • • • • • • • • • • • • • • •	or information are made via phone or email, the authorized none number, as well as the birthdate and phone number of	
AUTHORI	IZED PERSON 1:		
Name			
Birthdate:	Phone Number	Email:	
AUTHORI	IZED PERSON 2:		
Name			
Birthdate:	Phone Number	Email:	
AUTHORI	IZED PERSON 3:		
Name			
Birthdate:	Phone Number	Email:	
This auth	orization will remain in effect until:		
☐ The end	d of the current semester		
Student s	sianature <sup>.</sup>	Date <sup>.</sup>	

## OKLAHOMA CITY COMMMUNITY COLLEGE AUTHORIZATION OF PROXY

Students unable to process transactions in person or via their Student Portal may designate another person to process transactions on their behalf by proxy. In compliance with the federal <u>Family Educational Rights and Privacy Act</u> of 1974, the student must sign a release authorizing the processing of transactions by proxy.

The student (not the proxy) has the ultimate responsibility for complying with applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees.

I hereby authorize the person(s) listed below to serve as my proxy to process transactions at Oklahoma City Community College. My proxy may have access to any and all of my records that they request for the purpose of processing transactions. I understand that I am responsible for any decisions made by my proxy on my behalf. I also understand that I am responsible for complying with all applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees, etc.

Name(s) and relationship of people authorized for proxy: (Please print)

By signing this form, I grant access to my proxy to view academic and financial information related to my record.
By signing this form, I understand that my proxy has authorization to make academic and financial changes to my record. This includes, but is not limited to, changes in my enrollment, changes in my financial information, and changes in my academic standing.
Photo identification of person named as proxy is required prior to the processing of any transaction.
This authorization will remain in effect until:  ☐ The end of the current semester
Student signature: Date: