



## FERPA Consent to Release of Personal Information/Education Records

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for Comanche Nation College (CNC) to release any personal identifiable information from my education and financial records not defined as "Public/Directory Information" under the College FERPA policy.

I, \_\_\_\_\_ hereby authorize access to my educational and \_\_\_\_\_ (Print Student's Name) financial records to the following:

Name	Relationship

This permission may be revoked at any time by providing notification in writing.

I further understand that Comanche Nation College and/or its staff/employees cannot be responsible for confidentiality of information disclosed after said information has been released pursuant to this authorization, and I hereby release Comanche Nation College, and its staff/employees from any liability arising from such a disclosure.

Acknowledging the above, with attached signature, I hereby give authority to proceed as directed herein.

Student Signature: \_\_\_\_\_ Student ID \_\_\_\_\_

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

**RETURN COMPLETED FORM TO:**  
CNC Admissions & Registrar's Office  
1608 SW 9<sup>th</sup> Street, Lawton, OK 73501 (580) 591-0203 / FAX: (580) 591-0643

*RELATIONSHIP RESPONSIBILITY RECIPROCITY REDISTRIBUTION*

