



**AUTHORIZATION TO RELEASE  
FINANCIAL AID INFORMATION/PRIVACY OF STUDENT RECORDS  
(FERPA)  
2014-2015**

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account and financial aid records which are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for Student Financial Services at Oklahoma City University to obtain written consent from the student in order to release any financial aid or student account information to a third party.

**How can parents obtain student financial record information?**

1. The quickest, easiest way for parents to receive information about their son's or daughter's grades, financial statement, or other student information is for the student to provide it. Students can look up information online and provide a copy to their parents. Student records are available at the student self-service website - <https://bluelink.okcu.edu> . Students may also set up a guest login to the Student Account Suite at the web site: [https://epay.okcu.edu/C20157\\_tsa/web/login.jsp](https://epay.okcu.edu/C20157_tsa/web/login.jsp).
2. Alternatively, this form allows the individual(s) below, named by the student, to obtain student financial record information directly from university officials if the student consents to such access.

**\*NOTE: Authorized person(s) will be required to identify themselves with a phone password before university officials may discuss student financial records over the phone. If forgotten or lost, passwords will not be given out by the Student Financial Services Office. Individuals must contact the student for password information or a new authorization form will need to be completed by student for a password reset.**

- \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name - Parent 1 (father /mother/stepparent)      Date of Birth
  
- \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name - Parent 2 (father /mother/stepparent)      Date of Birth
  
- \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Print Name - Legal Guardian/Other      Date of Birth

<p>Phone Password _____</p> <p style="text-align: center;">(Use same password for all authorized persons)</p>
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## FERPA Release – page 2

I authorize the release of the following information (Check all that apply):

- Release of Student Account Information**  
(does NOT allow release of grades or GPA information)

I hereby authorize OCU Student Financial Services (SFS) to release any information regarding my OCU student account to the parties listed on the other side of this page and waive my right to confidentiality of my OCU student account.

- Release of Student Financial Aid and Scholarship Information**  
(does allow release of grades and GPA information)

I hereby grant the OCU Student Financial Services (SFS) Office of Financial Aid permission to release any information regarding my financial aid and scholarships package to the parties on the other side of this page and waive my right to confidentiality of my grades and GPA.

**I understand that this Release shall remain in effect FOR THE 2014-2015 ACADEMIC YEAR ONLY. I may, in writing to the Student Financial Services Office, rescind or modify this Release during that year. Information requested under this release may be mailed to my permanent address of record, obtained in person by me or the authorized individual(s), or provided via telephone upon presentation of password.**

Student Name (print): \_\_\_\_\_ ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*THIS COMPLETED FORM SHOULD BE RETURNED IN PERSON ONLY (WITH ID), TO STUDENT FINANCIAL SERVICES\***

Type of Photo ID Presented:  Driver's License  OCU Student ID  Passport (country) \_\_\_\_\_

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If not delivering in person, the following section must be completed by a Notary Public and mailed to the address at the bottom of this form:*

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me whose identity I proved on the basis of \_\_\_\_\_, to be the signer of the above instrument.

Notary Public \_\_\_\_\_ My Commission number: \_\_\_\_\_

Residing at \_\_\_\_\_ My Commission expires: \_\_\_\_\_

Seal or stamp: \_\_\_\_\_