

**Authorization to Release Financial Information.** The purpose of FERPA (Family Educational Rights and Privacy Act) is to afford certain rights to students concerning their education records. Specifically, the Act specifies that parents or spouse of post-secondary students have no inherent rights to inspect a student's education records. The right to inspect is limited solely to the student. In order to comply with all of the provisions of the Act, University employees are restricted from providing certain information to anyone other than the student- regardless of who is paying the bill. Any student who wishes to permit other individuals access to financial records (i.e. billing and account information) may do so by signing an "Authorization to Release Information" form and submitting it to the Student Account Services Office. Upon receipt of the signed authorization form, the Student Account Services Office may discuss student financial information with the designated individual(s). This authorization applies only to release of student financial information. A copy of this form is provided below. You may complete the form and drop it off or mail it directly to the Student Account Services Office.

### **AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

Oklahoma City University adheres to the Family Educational Rights and Privacy Act, wherein the rights of a student who is attending an institution of post-secondary education, or is eighteen years of age, supersedes the authority of the parent(s) to make decisions regarding the student's records or account.

Any student who wishes to permit other individuals access to financial records may do so by signing the waiver below and returning it to the Student Account Services Office, Oklahoma City University Jones Administration Bldg; Rm 349, 2501 N Blackwelder Oklahoma City, OK 73106.

### **WAIVER**

I, \_\_\_\_\_ , Banner ID # \_\_\_\_\_ (required) hereby authorize release of information pertaining to my student financial account records with Oklahoma City University to:

\_\_\_\_\_ (print name) Relationship: \_\_\_\_\_

\_\_\_\_\_ (print name) Relationship: \_\_\_\_\_

This release shall remain in effect until rescinded by me in writing to the Student Account Services Office. This information may be mailed to the student's address of record, picked up by the student or the authorized individual(s), or provided via telephone.

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

Student ID Verified by: \_\_\_\_\_ Date: \_\_\_\_\_