

COMANCHE NATION HIGHER EDUCATION

Student Request to Share Information & FERPA Waiver

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) or organization(s) designated below.

release informo	ntion to the person(s) or organization	on(s) designated below.	
	Student Name (Please	print)	CDIB#
		nd Privacy Act of 1974 as amended (FER s to the information contained in those rec	
OR	e CNHE to release any or all of my		individual(s)/organization(s) listed below.
(i.e. grades, tra	nscript, enrollment/attendance rec	ords, accounting and financial aid inforn	nation, results of disciplinary proceedings)
identification b	efore information can be released)		luals will be required to provide proof of
Relationship to	Student:ephone #:	Last 4 digits of SS#:	Date of birth:
	Student:		Date of birth:
), agency(ies), institution(s) or organd contact person, address, and tele	anization(s) to whom my records may be rephone number):	released (Please include name of
2. This c	the right not to consent to the release	ase of my educational and financial record submit a written request to cancel this au	
	Date	S	Student's Signature
		F	Print Name of Student
For this form to By mail:	be validated for CNHE use, it mu Comanche Nation Higher Educa P.O. Box 908 Lawton, OK 73502	st be completed and sent to the Higher Ecation In person: Comanc 1608 S.W. 9 th Street Lawton, OK 73502	he Nation Education Center et
Email: highered	d@comanchenation.com	For official use only	

Received and logged by CNHE (staff initial and date):