



ONE-TIME AUTHORIZATION
TO RELEASE EDUCATIONAL RECORD INFORMATION

Submit to:
322 Student Union
Stillwater, Oklahoma 74078-1013
405-744-6876, Fax 405-744-8426
registrar@okstate.edu

This form must be submitted to the Office of the Registrar in person with appropriate ID (a valid driver's license, OSU Student ID, or passport), or it may be submitted by mail or fax along with a legible copy of appropriate ID.

Release To (Recipient):

Name: _____

Organization/School: _____

Address: _____

City, State, Zip: _____

Phone: _____

Phone Password: _____

Recipient may be required to provide this to verify identity if education records are discussed over the phone.

Educational Records to be Released:

Purpose of Release:

Requested By (Student):

Student Name: _____
Please Print

Student ID _____

Student Signature: _____

Date: _____

Registrar Staff Signature: _____

Date: _____

TYPE OF PHOTO ID PRESENTED: Driver's License OSU Student ID Passport