

THE UNIVERSITY OF OKLAHOMA
STUDENT FINANCIAL CENTER
1000 Asp Avenue, Room 105
Norman, Oklahoma 73019-4078
Phone (405) 325-9000 Fax (405) 325-7608
<http://www.ou.edu/sfc>

OU Financial Aid Services Release Form

This form must be completed annually and submitted in person with proper ID.
Mailed, faxed or electronic versions cannot be accepted.
The effective year dates include fall, spring and summer semesters for the aid year listed below.

Name: _____ **OU ID:** _____ **Aid year:** _____

OU Financial Aid Services expects OU students to be primarily responsible for their financial aid and for the communication of their financial aid status with their parent(s) or spouse as appropriate to their situation.

Student educational records are confidential and are protected by the Family Educational Rights and Privacy Act (FERPA). This form allows OU Financial Aid Services to release information regarding only your Student Financial Aid Records to the person(s) you authorize below.

Please Note: A student's academic records are protected under FERPA and this may still limit the information that Client Services may share with a parent/spouse or other person(s) listed on this form, even if signed by the student.

* In the case of the federally defined "dependent" student, the parent(s) listed on the FAFSA application, may have access to basic financial aid information without completing this release form.

*The parent (natural, adoptive or current stepparent) applying for a PLUS loan (if different from the parent listed on the FAFSA) may obtain basic information related only to the PLUS Loan application and eligibility. This does not include access to taxable and non-taxable income, assets or other data reported.

*Parents requesting access to a student's academic transcript must make their request through OU Academics Records.

_____ **Check this box if this is a cancellation of a prior Release Form previously submitted during this aid year.**

or

_____ **I hereby grant permission to Financial Aid Services to discuss my financial aid information with:**

Name: _____
Relationship to Student: _____
Address & Phone: _____
Date of Birth or Last 4 Digits of SSN: _____

I understand that:

1. I have the right not to consent to the release of my education records.
2. This release shall remain in effect for the aid year listed or until I submit a signed written request to cancel.

Student Signature

Date

For Office Use Only

- FAS verified using Sooner ID Card.
 Noted on RHACOMM for Aid Year listed with DOB or last 4 SSN.
 Cancellation noted on RHACOMM for aid year listed.