



CAMERON UNIVERSITY
Student Request to Share Information & FERPA Waiver

F10 (7/2025)

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.

Student Name *(please print)*

CU ID#

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records.

(initial here)

☐ I authorize Cameron University to release any or all of my educational records to the individual(s)/organization(s) listed below.

OR

☐ I authorize Cameron University to release only the following information:

(i.e. grades, transcript, enrollment/attendance records, accounting and financial aid information, results of disciplinary proceedings)

Parents, guardians or family members to whom my records may be released *(These individuals will be required to provide proof of identification before information can be released.):*

Name:

Relationship to Student:

Address & Telephone #:

Last 4 digits of SS#:

Date of birth:

Name:

Relationship to Student:

Address & Telephone #:

Last 4 digits of SS#:

Date of birth:

Other person(s), agency(ies), institution(s) or organization(s) to whom my records may be released *(Please include name of organization and contact person, address and telephone number):*

I understand that:

1. I have the right not to consent to the release of my education records;
2. This consent shall remain in effect until I submit a written request to cancel this authorization.

Date

Student's Signature

Print Name of Student

For this form to be validated for campus use, it must be completed and sent to Student Services.

By mail: Student Services
CAMERON UNIVERSITY
2800 W. Gore Boulevard
Lawton, OK 73505

In person: North Shepler, Room 424

By fax: (580) 581-2299

For office use only:

Received: _____ Scanned: _____ Student Confirmation Sent: _____