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ONE-TIME AUTHORIZATION TO RELEASE EDUCATIONAL RECORD INFORMATION

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 along with a legible copy of appropriate ID.

Release To (Recipient): Organization/School: City, State, Zip: Phone: Phone Password: Recipient may be required to provide this to verify identity if **Educational Records to be Released:** education records are discussed over the phone. **Purpose of Release:** Requested By (Student): Student Name: _ Please Print (last, first, middle) Student Signature: Date: Registrar Staff Signature: Date: TYPE OF PHOTO ID PRESENTED: ☐ Driver's License ☐ OSU Student ID Passport