



# Oneida Nation of Wisconsin

HIGHER EDUCATION OFFICE  
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## FERPA RELEASE of INFORMATION (Family Educational Rights and Privacy Act)

**This FERPA Release of Information form is to be returned to the Oneida Higher Education Office (OHE) if you want our office to be able to speak freely to and share information with any other person(s) and/or agencies other than yourself and the college(s) listed on your Higher Education Application.**

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the undersigned, hereby authorize the OHE office to release the following education records and information to (check all that apply):

- Transcript
- Financial Aid information
- All records
- Other (specify): \_\_\_\_\_

### Release Information To:

Name of person(s)/agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to student: \_\_\_\_\_

I understand further that: (1) I have the right to decline consent to release my education records; (2) I have a right to receive a copy of such records upon request; (3) and this consent shall remain in effect until revoked by me, in writing, and delivered to OHE, but that any such revocation shall not affect disclosures previously made by OHE prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.