



Sooner® Jump Start

The University of Oklahoma

USA

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AUTHORIZATION TO RELEASE/ACCEPT INFORMATION

I, _____ (print full name), hereby authorize the Office of Sooner Jump Start Program at the University of Oklahoma (“SJS”) to act on my behalf:

- In submitting supporting documents for admission and other necessary documentation or information to appropriate U.S. and Canadian colleges and universities;

and/or

- In requesting and receiving transcripts and/or reports of my academic records; and/or
- In requesting and receiving any student records or law enforcement records related to allegations of misconduct during my attendance.

Furthermore, I give the appropriate College or University official(s) permission to release to or accept from SJS information concerning my academic, student or law enforcement records, provided the official reasonably believes SJS has a legitimate need for the records.

The academic institution and its employees are hereby released from restrictions imposed by the Family Educational Rights and Privacy Act (“FERPA”) and any other federal or state law prohibiting the release or acceptance of such information. This release is valid unless or until I revoke it at a later date.

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

Student Signature

DOB

Date

PARENT/GUARDIAN

I hereby certify that I am the parent and/or guardian of said Minor and that I have read and understand the above and I do hereby agree to all terms and conditions of this agreement on behalf of myself and my minor child.

Signature of Parent/Guardian if under age of 18

Date