



ENROLLMENT MANAGEMENT  
FERPA CONSENT FORM

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**Family Education Rights and Privacy (FERPA)**

Consent to Release Personal Information and Educational Records

Name	Student ID:
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I, the undersigned, understand that my consent is required by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for College of the Muscogee Nation (CMN) to release any personally identifiable information from my education and financial records not defined as “Public/Directory Information” under the College FERPA policy.

I hereby authorize access to all my educational and financial records for the following:

Name:

Relationship:


This permission may be revoked at any time by providing written notification.

I further understand that College of the Muscogee Nation and/or its staff/employees cannot be responsible for the confidentiality of the information disclosed after said information has been released according to this authorization, and I hereby release the College of the Muscogee Nation and its staff/employees from any liability arising from such a disclosure.

Acknowledging the above, with the attached signature, I give authority to proceed as directed herein.

Student’s Signature:	Date:
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