



INSTITUTE OF TECHNOLOGY

OSUIT Veteran Services

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Authorization for Release of Confidential Information

I _____, Banner ID# _____, hereby authorize Oklahoma State University Institute of Technology, and the staff there-of, to act according to the following directions:

(Please Initial)

_____ transfer any/all information in my files within or between university departments, on a need-to-know basis as determined by university staff entrusted with my files; and,
_____ obtain information from and/or provide information to any and all entities that provide me with financial assistance or in any way assumes responsibility for all or part of the costs associated with my enrollment at this university.

Known entities with utilization of such information include (but not necessarily limited to):

Entity: _____ VA _____

ABOUT YOUR CONFIDENTIAL RECORDS

You understand that your records are protected under a number of federal and state confidentiality regulations and cannot be disclosed without your written consent unless otherwise provided for in state and federal regulations. You also understand that you may revoke this consent by writing a request at any time except to the extent that action has been taken in reliance on it (information has been sent or received prior to revocation).

You further understand that OSUIT and its staff/employees cannot be responsible for confidentiality of information disclosed after said information has been released pursuant to this authorization, and you hereby release OSUIT, and its employees from any liability arising from such disclosure.

Acknowledging all of the above, with the attached signature, I hereby give authority to proceed as directed here-in.

Signature: _____ Date: _____