

# ONEIDA INDIAN NATION



## EDUCATION DEPARTMENT

5000 Skenondoa Way  
Oneida, NY 13421

### STUDENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, freely and voluntarily consent to the release of information checked below contained in the Education Department Records to the following:

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE	NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE
Name	Name
Address of Party	Address of Party
City State Zip	City State Zip
Phone Email	Phone Email

Purpose of Disclosure \_\_\_\_\_

Records which may be disclosed:

- Term, Cumulative, and Final Grades as indicated on My Institution Official Transcript
- Copy of Official Transcript
- Costs, Tuition, Fees, etc. as indicated on Oneida Indian Nation Request Form
- Copy of my submitted institution term bill
- Copy of my Oneida Indian Nation Request Form
- Financial Aid Information (FAFSA Student Aid Report, Federal loans/grants, NY State Indian Aid Award, Bureau of Indian Education Higher Education Grant Award, Other Scholarship Award amounts)
- Copy of Institutional Enrollment Status/Verification Forms
- Copy of my submitted term schedule
- Enrollment Status as Member of Oneida Indian Nation
- Copy of Tribal Certificate
- Enrollment Status in Oneida Indian Nation Scholarship Program
- Amount of Oneida Indian Nation Scholarship
- Amount of Oneida Indian Nation Stipend
- Other (Please specify and indicate what other records you will allow): \_\_\_\_\_

**STUDENT INFORMATION**

First Name	MI	Last Name
Oneida Indian Nation Enrollment Number	Email	Phone
Address	City	State                  Zip

I have completed all sections accurately and truthfully, including information verifying my identity.

\_\_\_\_\_  
 Student Signature                                  Printed Name                                  Date

**PARENT OR GUARDIAN AUTHORIZATION (if required) \***

I have read the information contained in this Authorization for Release of Personal Information and consent to such release.

\_\_\_\_\_  
 Parent or Guardian Signature                                  Relationship to Student                                  Date

\_\_\_\_\_  
 Printed Name

**\*The Education Department is not permitted to speak with parents or guardians of the students participating in the Scholarship Program regarding the students' scholarship, documents, repayment, applications, or any other matter, if the student is 18 years or older. All students 18+ years old should contact and communicate with the Scholarship Program Coordinator directly. Parents or guardians may communicate directly with Scholarship Program Coordinator in regards to a student if the student is 17 years or younger.**