Osage Nation
Education Department
102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
918-287-5300
Education@OSAGENATION-NSN.GOV

Dear Parent/Guardian:

The Nationwide Academic Tutoring Program (NATP) is designed to provide Osage students with academic tutoring assistance. The intent of the program is to serve Osage students who are at risk in required subject areas. To determine if your student is eligible, please review the NATP policies and procedures.

Application Checklist

- ☐ Osage Membership Number (to be verified internally)
- ☐ Completed Application (signed)
- ☐ Completed Release of Information (signed)
- ☐ Report Card or Letter of Support

Applications may be mailed to the above address, or you may scan and email your application to education@osagenation-nsn.gov. If you have any questions, please call us. Our office hours are Monday thru Friday from 8:00 a.m. to 4:30 p. m. (CST).

Sincerely,

Mary Wildcat Director

The Nationwide Academic Tutoring Program

STUDENT INFORMATION

FULL NAME: _____
Last First M.I.

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

DATE OF BIRTH: _____ OSAGE NATION MEMBERSHIP: _____

STUDENT PHONE_____STUDENT EMAIL_____GENDER ___GRADE ____

PARENT INFORMATION

PARENT #1 NAME: _____
Last First M.I.

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

PARENT #2 NAME: _____
Last First M.I.

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

TUTORING CENTER INFORMATION

NAME OF TUTORING CENTER: _____

MAILING ADDRESS: _____
Street Address Apt/Unit # City County State Zip Code

PHONE: _____ EMAIL: _____

POINT OF CONTACT: _____ SUBJECT 1: _____ SUBJECT 2: _____

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R., Part 99) is a federal law that protects the privacy of student education records created or maintained by a school or by a party acting for school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion of this document also authorizes you to discuss this information with representatives of the organization named below who are entitled to receive said information.

STUDENT INFORMATION

FULL NAME: _____
Last First M.I.

DATE OF BIRTH: _____ GRADE: _____ NAME OF SCHOOL: _____

PARENT/LEGAL GUARDIAN: _____ RELATIONSHIP TO STUDENT: _____

USE & DISCLOSURE INFORMATION

I, the undersigned, do hereby authorize _____ to disclose and deliver the
Name of student's school
complete education records maintained under the above student's name including, but not limited, to the following:

- Grades and transcripts
- Psychological & educational testing
- Special education records

Please list any records you do not wish to be disclosed:

The education records described above shall be delivered to the Osage Nation c/o Osage Nation Education Department located at 102 Buffalo Ave., P.O. Box 250, Hominy, OK 74035. For questions, please call the Osage Nation Education Department at (918) 287-5300.

PURPOSE

This information is to be disclosed and used for the purpose of the reasons listed below (check if applicable):

- ☐ Special Education
- ☐ Evaluation & Planning
- ☐ Provision of Special Education Services
- ☐ Other

AUTHORIZATION FOR REDISCLOSURE

Under federal law, the Osage Nation may not disclose the information identified above to any other party without your prior written consent. If you wish to authorize the Osage Nation to disclose the information identified above, please mark the boxes below:

☐I authorize the Osage Nation to disclose the education information described above.

☐ I understand that if the information is disclosed, it may not be protected by federal privileges, privacy laws, or regulations.

APPROVAL

My authorization to use, disclose and/or re-disclose the information identified above is voluntary. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. I further grant permission to the officials of _____ (Name of student's school) to discuss my student's academic performance with his/her teacher. Unless sooner terminated in writing, this release shall remain effective from the date signed below. A copy of this release shall be sufficient to authorize the release of the information identified above as the original signed by me.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN (MUST BE OVER 18 TO SIGN) **DATE**

_____

Relationship to Student

FOR OFFICE USE ONLY

RECEIVED VIA: WALK IN MAIL FAX E-MAIL

ISSUE DATE:

INITIALS OF TECH:

VERIFIED AND APPROVED BY:

RECEIVED