



# MCNAIR SCHOLARS PROGRAM

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## Ronald E. McNair Postbaccalaureate Achievement Program

### Authorization for Release of Records

Name: \_\_\_\_\_  
*Last First Middle*

CWID: \_\_\_\_\_

This release form enables the Oklahoma State University McNair Scholars Program to obtain the following information for the purpose of determining eligibility, developing education plans, and collecting program statistics:

- College/university admission & enrollment
- Grade reports/transcripts
- Financial aid reports and information regarding scholarships, fellowships, and other awards received
- U.S. residency status
- Current contact information (address, phone number, email address)
- Past TRIO participation

Aspects of this information and the nature of your participation in the McNair Scholar Program may be shared with the U.S. Department of Education, the McNair Program Advisory Committee and OSU personnel in accordance with federal regulations and OSU policy.

**My signature below indicates that I hereby authorize the release of my academic, personal, and medical (when necessary) records to the McNair Scholars Program at Oklahoma State University for the purpose of serving my needs and meeting its federal regulations. I also hereby attest that, to the best of my knowledge, the information given in this application is true, complete, and accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please upload this document to your McNair Application