



**Osage Nation Education Department
Nationwide Academic Tutoring Program**

102 Buffalo Ave.
P.O. Box 250
Hominy, OK 74035
(918) 287-5300

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)

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

Student Information			
Last Name:	First Name:	MI:	Date of Birth:
Street:	City:	State:	Zip Code:
Student Phone:	Student Email:	Gender:	Grade:
School:	Osage Membership No.:		
Reason for Tutoring:			
<input type="checkbox"/> Struggling to maintain "C" or above		<input type="checkbox"/> Reading below grade level	
<input type="checkbox"/> Failed state mandated tests		<input type="checkbox"/> Failed end of instruction test	
		<input type="checkbox"/> Teacher recommendation	

Parent Information			
Last Name:	First Name:	MI:	
Street:	City:	State:	Zip Code:
Phone:	Email:	Osage Membership No.:	

Parent Information			
Last Name:	First Name:	MI:	
Street:	City:	State:	Zip Code:
Phone:	Email:	Osage Membership No.:	

Tutoring Center Information			
Name of Tutoring Center:			
Street:	City:	State:	Zip Code:
Phone:	Email:	Point of Contact:	
Subject One:		Subject Two:	



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AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a 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 entitled to receive said information.

Student Name:	Date of Birth:
Name of School:	Grade:
Parent/Legal Guardian:	Relationship to Student:

Use and Disclosure Information

I, the undersigned, do hereby authorize _____ to disclose and deliver the complete
Name of student's school

education records maintained under the above student's name including, but not limited, to the following:

- Grades and transcripts
- Psychological & educational testing
- Verbal information
- School health records
- Special education records
- Discipline

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 74056. 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 Re-disclosure

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

- I authorize the Osage Nation to disclose the education information described above and I understand that if the information is disclosed it may not be protected by federal privileges, privacy laws or regulations.

Approval

My authorization for the use, disclosure and/or re-disclosure of the information identified above is voluntary. I understand that the information to be disclosed or re-disclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. Unless sooner terminated in writing, this release shall remain effective following the date signed below. A copy of this release shall be sufficient to authorize release of information identified above as the original signed by me.

Student's Parent/Legal Guardian

Date

Relationship to Student