



Due to privacy policies student account information can not be given to parents or others without written permission from the student to do so. This completed release form must be on file in the Cashiers Office.

**KANSAS STATE UNIVERSITY CONTROLLERS OFFICE
STUDENT AUTHORIZATION TO RELEASE INFORMATION**

I, _____, Student ID No. _____,
(Student Name) (Only nine digits usually SSN)

hereby consent to the disclosure of any and all financial information maintained by Kansas State University, including but not limited to charges, financial aid or any other payments, or other financial information, to my parents or other named person or persons, for the purpose of identifying the status of amounts due or paid to the University.

I understand this authorization will remain in effect until I request in writing to rescind this.

Please disclose any requested information to the following individual(s) or entity:

Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Signature of Student	Date
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Mail To: Controllers Office Cashiers, 212 Anderson Hall, Manhattan, KS 66506
Fax To: Controllers Office Cashiers 785-532-6454 Phone: 785-532-6317
 Additional forms may be printed from Cashiers website @ ksu.edu/pay - "Forms".