

**KANSAS STATE UNIVERSITY-OFFICE OF THE REGISTRAR
CONSENT TO DISCLOSE EDUCATIONAL RECORDS**

(In accordance with the Family Educational Rights and Privacy Act, 'FERPA')

Student Name: _____

Student WID: _____

I hereby consent to the disclosure of my education records listed below to the following recipient.

FERPA prohibits access to the released records by anyone other than the designated recipient without student permission. Enter the name of the designated recipient and check the box indicating how you would like the information disclosed.

Recipient Name: _____

Address: _____

Email: _____

- **K-State policy 3460.040: Users of electronic mail systems should be aware that, in addition to being subject to authorized access, electronic mail in its present form is not secure and is, therefore, vulnerable to unauthorized access and modification by third parties. Confidential information, such as student grades, should not be sent to an unofficial non-K-State email account. (<http://www.k-state.edu/policies/ppm/3400/3460.html>)**

Phone # _____

Fax # (\$5 fee) _____

I give permission to release any checked educational records below. Check all that apply.

- **This is a one-time authorization. This authorization will not be maintained for future use.**
- **This release will not serve as a request for an official transcript.**

Class rank Cumulative GPA

Grades in specific courses. List courses below. Use reverse side of form if space below is not sufficient.

Enrollment in specific courses. List courses below. Use reverse side of form if space below is not sufficient.

Residency status

Other _____

Purpose of request for disclosure: _____

(Student Signature)

(Date)

If not delivering in person, the following section must be completed by a Notary Public:

State of _____

County of _____

Signed or attested before me on _____ (date)

By _____ (name) Signature of Notarial Officer _____

(Affix seal, if any) Title _____

My appointment expires: _____ (date)

Submit to: Office of the Registrar
118 Anderson Hall, Manhattan KS 66506
FAX: 785-532-5599
registrar@ksu.edu

Salina Registrar's Office
2310 Centennial Road, College Ctr 208F, Salina KS 67401
FAX: 785-826-2998
ksand@ksu.edu