

# STUDENT AUTHORIZATION TO RELEASE INFORMATION FORM (FERPA)

Faculty-Led Group Study Abroad  
Kansas State University

*If you would like your parents to have access to your financial information at K-State, please fill out the following form and turn it into the K-State Cashier's Office.*



***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 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
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date