CONSENT TO DISCLOSE EDUCATION RECORDS
(In accordance with the Family Educational Rights and Privacy Act)

1. I, _____, hereby consent to the disclosure of my records to the following recipients:
(Student's Name)

2. Recipients to whom the records will be released:

Address 1 _____
_____
_____
_____

Address 2 _____
_____
_____
_____

Address 3 _____
_____
_____
_____

Address 4 _____
_____
_____
_____

Address 5 _____
_____
_____
_____

Address 6 _____
_____
_____
_____

3. Description of records to be released:
(Please check one of the boxes below)

- ☐ I give permission to release any and all my education records for the purpose(s) as stated below.
- ☐ I do not authorize the release of the following information (check all that apply):
  - ☐ Class rank ☐ GPA ☐ Grades ☐ Specific classes enrolled in
  - ☐ Grades in specific courses

Note: Directory information can be suppressed only by notice to the Registrar's Office

4. For the purpose of:
(Please check one of the boxes below)

- ☐ Serving as a reference for employment
- ☐ Other (describe purpose of disclosure): _____

5. Please sign and date below:

_____ _____
(Student's Signature) (Date)

Notice: The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, prohibits access to the enclosed records by anyone other than the recipient unless specific written permission for further dissemination is received from any and all students or former students of this institution who are personally identifiable from information contained in the records.

Form approved by Cheryl Strecker, University General Counsel, Kansas State University, January 11, 2010