

Office of the Registrar

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 charge) _____

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 course(s) below.

- Enrollment in specific courses. List course(s) 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 _____ Signature of Notarial Officer _____

County of _____ Title _____

Signed or attested before me on _____ (date) My appointment expires: _____ (date)

By _____ (name)

(Affix seal, if any)

Submit to: Office of the Registrar: 118 Anderson Hall, Manhattan, KS 66506 or via email: registrar@ksu.edu

Polytechnic Registrar's Office: 2310 Centennial Road, College Ctr 208F, Salina, KS 67401 or via email: ksand@ksu.edu