



AUTHORIZATION FOR ACCESS TO STUDENT RECORDS

The Family Educational Rights and Privacy Act of 1974, as Amended, accords privacy rights to students with respect to their educational records. A student may grant access to these records to a third party including a parent or guardian by the execution of this form. This release must be signed by the student. The completed form must be returned to the Office of the Registrar, Stratton Administration Building.

Student Name (Print) _____

KU Student ID _____

RELEASE IS GRANTED TO THE FOLLOWING INDIVIDUAL(S):

Name _____	Relationship _____
Street Address _____	
City, State, Zip _____	
Telephone _____	
SCOPE OF RECORDS TO BE RELEASED:	
<input type="checkbox"/> All educational records (to include Academic, Billing, Financial Aid, Student Disciplinary Records.)	
OR	
Please check the individual records we may release:	
<input type="checkbox"/> Academic records only	<input type="checkbox"/> Financial Aid Records only
<input type="checkbox"/> Billing Records Only	<input type="checkbox"/> Student Disciplinary only

Name _____	Relationship _____
Street Address _____	
City, State, Zip _____	
Telephone _____	
SCOPE OF RECORDS TO BE RELEASED:	
<input type="checkbox"/> All educational records (to include Academic, Billing, Financial Aid, Student Disciplinary Records.)	
OR	
Please check the individual records we may release:	
<input type="checkbox"/> Academic records only	<input type="checkbox"/> Financial Aid Records Only
<input type="checkbox"/> Billing records only	<input type="checkbox"/> Student Disciplinary only

Please select a 4-digit PIN: _____

Please select a 4-digit PIN: _____

Use this PIN when calling regarding the student's records. All approved individuals may use the same PIN.

I authorize Kutztown University of Pennsylvania to grant access to the above records to the individuals listed on the form.

Student Signature _____

Date _____

Please return this completed form to:
Kutztown University of Pennsylvania
Office of the Registrar, Stratton Administration Building
P.O. Box 730, Kutztown, PA 19530
Fax: 610.683.1586

Email: regoffice@kutztown.edu ONLY from student's KU email account

This authorization remains in effect unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.