



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:

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:

Completed by:

Date:

This authorization remains in effect unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.