



Expires on \_\_\_\_\_

**Consent to Disclose Educational Records**

*This form is for Arts and Sciences students requesting to release educational records to a designated recipient by A&S deans, advisors, and office staff, unless otherwise specified. Kansas State University is in compliance with the Family Educational Rights and Privacy Act of 1974. Forms must be submitted by student to the Dean's Office, Student Services in Calvin 107. Forms received via e-mail or fax must be notarized.*

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
 WID \_\_\_\_\_ Major \_\_\_\_\_  
 Email \_\_\_\_\_ Local Phone# \_\_\_\_\_

**I hereby consent to the disclosure of my educational records listed below to be sent to or discussed with the following recipient.**

Recipient Name \_\_\_\_\_ Phone# \_\_\_\_\_  
 Relationship to student \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip

**I give permission to release or discuss the following educational records.**

\_\_\_\_\_ Any information regarding enrollment, grades and academic information protected under FERPA.  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

**Purpose of request for disclosure:**

\_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are unable to turn this form in to the Dean's Office in person, it must be notarized to be valid.*

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was signed before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Print name of signer

Notary Signature \_\_\_\_\_

Authorization expires (required) \_\_\_\_\_

Dean's Office Staff \_\_\_\_\_ Date \_\_\_\_\_