



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE/REVOICATION FORM

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent; however it also gives the student's parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return.

Instructions: Please read this form carefully. **Complete the information in the first section only.** Students **MUST** return the form, in person, with a picture ID to the Office of the University Registrar. The student will sign in the presence of a Registrar employee to be valid. The Office of the University Registrar is located at 108 Michael Schwartz Center.

_____	_____
Student Name – Please Print	Student ID Number (Required)
Student Disclosure and Release of Information	
<p>I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice. The release allows the individual(s) named below to access information only from records maintained by the Bursar's Office, the Office of the University Registrar, and the Student Financial Aid Office.</p> <p>I agree to waive my rights under FERPA and allow the person(s) named below to receive access to my financial and academic records.</p>	
NAME (First, Middle Initial, & Last Name) Please Print	RELATIONSHIP TO STUDENT
_____	_____
_____	_____
_____	_____

STOP! The signature section must be completed in the presence of a Registrar employee to be valid.

<p>I acknowledge that this release is valid as long as I am a student at Kent State University. By signing this release, I authorize Kent State University to release any and all financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by returning to the Office of the University Registrar and signing the revocation clause.</p>		
_____	_____	_____
Student Signature (Required)	Date	Reg Office Initials
Revocation of the Release of Financial and/or Academic Information		
<p>I acknowledge that by signature below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any financial or academic information to those individuals identified on this document. I further understand that if I wish to grant access to my records that a new release form will need to be completed.</p>		
_____	_____	_____
Student Signature (Required)	Date	Reg Office Initials