



2018-2019 Consent to Release Information

The Family Education Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's educational records. Educational records include are not limited to, student account and financial aid records which are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for the Office of the Registrar to obtain written consent from the student to release any information to a third party.

This consent is only valid for the academic year of August 1st, 2018 to July 31st, 2019.

Student Information:

Last Name	First Name	Middle Int.	Student ID #
Mailing Address			Phone Number
City	State	Zip	Email

Types of Records to Release:

- Accounting *Includes tuition & fee balances, financial holds, billing address, payment plans, statements, and collections and debt information.*
- Admission *Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status, and conditions of admissions.*
- Registration *Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended, and contact information.*
- Academic Records *Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and degrees awarded.*
- Financial Aid *Includes all financial aid information such as FAFSA application, verification documents, awards package, and disbursements made or pending.*
- All Records *Includes all above mentioned records*

Check One:	Releasee Name:	Relationship:
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____
<input type="checkbox"/> Release To <input type="checkbox"/> Cancel	_____	_____

Authorization

I understand that this release expires at the end of the academic year and covers transactions from any date on my student record.

Student Signature: _____ **Date:** _____

Please deliver this completed form to the following (Your Donnelly College Student ID card is required to file this form)

Office of the Registrar
608 N 18th Street
Kansas City, KS 66102
Fax 913.221.0150

Office use only:	Initial/date
Filed: _____	
Removed: _____	