**Gatton College of Business and Economics – University of Kentucky**

**FERPA Consent To Release Student Information**

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA)and the University of Kentucky’s Policy on Access to and Release of Student Education Records, the University of Kentucky is prohibited from providing certain information from your student education records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University of Kentucky permission to release information from your student education records to a third party by submitting a completed FERPA Consent to Release Student Information (Consent). You must complete a separate form for each third party to whom you grant access to information from your student education records. The specified information will be made available only if requested by the authorized third party. The University of Kentucky does not automatically send information to a third party.

Please note that, unless restricted below, your authorization to release information has *no expiration date;* however, you may revoke your authorization at any time by signing the Revocation Section at the end of this form.

Name of Student:

To:

(Name of University Official and Department that will release information)

Name of person or entity whom the educational records will be released:

**The only information that is to be released under this consent is:**

\_\_\_\_ Transcript

\_\_\_\_ Disciplinary records

\_\_\_\_ Recommendations for employment or admission to other schools

\_\_\_\_ All records

\_\_\_\_ Grades in courses taken from the University Official listed above

\_\_\_\_ Semester term(s) permitted to use

\_\_\_\_ Other (specify)

**This information may be released for the following purposes:**

\_\_\_\_ Employment (full-time or internships)

\_\_\_\_ Admission to an educational institution

\_\_\_\_ Family communications about university experience

\_\_\_\_ Other (specify)

I understand the information may be released orally or in written form of any type, as preferred by the named person. I understand I may revoke this Consent upon providing written notice to named person listed above by signing the Revocation Section at the end of this form. I also understand that until this revocation is made, this Consent shall remain in effect and my educational records will continue to be provided to named person/entity above for the specific purpose described above. I further understand that any action taken on this Consent prior to the rescinded date is legal and binding

Name (print):

Signature:

Student ID Number:

Date:

**REVOCATION SECTION**

I hereby request that this authorization to disclose student educational information from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Student) signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Student) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Signature) be rescinded, effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date). I understand that any action taken on this authorization prior to the rescinded date is legal and binding.

Student Signature Date:

Witness Signature Date: