The University of Kansas
Authorization to Release Student Information

The financial and non-directory information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232(g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

Student Name (please print) _____ Social Security Number _____ KUID _____

I authorize University of Kansas representatives to release information regarding my account as indicated below:

Account Information (check A below): All student financial account information. Examples: account balance, charges and credits appearing on account, payment plan, third party sponsorship, Perkins loan program, 1098T, 1042-S, receipt requests, questions regarding past due (NPY) service indicator, online payment services, or related questions regarding a student's financial account record.

Financial Aid Information (check F below): All financial aid application and award information.

Academic Record Information (check R below): All information regarding a student's enrollment, veteran's benefits, and academic records.

Please check the appropriate box(es) for each person you wish to have access to the above information on your account.

☐ **A** ☐ **F** ☐ **R** _____ / _____
Name Last 4-digits of Social Security # Month/Year of Birth

☐ **A** ☐ **F** ☐ **R** _____ / _____
Name Last 4-digits of Social Security # Month/Year of Birth

☐ **A** ☐ **F** ☐ **R** _____ / _____
Name Last 4-digits of Social Security # Month/Year of Birth

I understand this authorization will remain in effect until I submit a written request to cancel this authorization.
To cancel this authorization, send a written notice to the Bursar's Office at bursar@ku.edu.

Student Signature _____ Date _____

If not delivering in person, the following section must be completed by a Notary Public:

State of _____ County of _____

On this ___ day of _____, 20___, _____ personally appeared before me,

(check one) ____ who is personally known to me OR ___ whose identity I proved on the basis of _____ to be the signer of the above instrument.

Notary Public _____
Residing at _____
My commission expires: _____

KU verification of student providing authorization by Bursar, Financial Aid, or Registrar personnel:

Name _____ Title / Office: _____

Deliver by mail or fax to: The University of Kansas
Bursar's Office
1246 West Campus Road, Room 20
Lawrence, KS 66045-7505

Deliver in person to: Bursar – Carruth O'Leary, Room 20

Fax to: (785) 864-5059

Revised August 2004