

## Consent to Release Educational Records

I, \_\_\_\_\_, understand that the Family Educational Rights and Privacy Act (FERPA) grants me certain rights concerning my education records. Notwithstanding these rights, I consent to the release of my educational records to my parent(s) or guardian(s) listed below for the purpose of keeping them informed about my education at Kentucky State University. I understand that education records include, but are not limited to, information about my academic standing, disciplinary issues, and financial obligations to the University.

This consent will remain in effect until I graduate or withdraw from the University. I understand that I may submit a subsequent notification in writing directing the University to no longer release information to any or all of the individuals listed below.

Kentucky State University is authorized to release educational information to the following individuals:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

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

