The University of Kansas
Authorization to Release Student Information

Cancellation Date:_____
Signature_____

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 office to release specific information about you to the person(s) you designate below.

_____ _____
Student Name (please print) 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. Example: 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 balance (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): Information regarding a student's enrollment, veteran's benefits, and academic records (recorded grades, class schedule, appointment information, etc).

Please check the appropriate box(es) for each person you wish to have access to the above information on your account.
This form does not authorize any third party to access a student's on-line 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, University Advising Center (UAC), or Registrar personnel.

Name _____ Title/Office _____

Deliver in mail or by fax to:
The University of Kansas
Bursar's Office
1450 Jayhawk Blvd., Room 21 or 23
Lawrence, KS 66045-7505

Deliver in person to: Bursar – Strong Hall, Room 21 or 23

Fax to: (785) 864-1520