STUDENT CONSENT TO DISCLOSURE TO PARENT, LEGAL GUARDIAN OR THIRD PARTY
KENNESAW STATE UNIVERSITY

In accordance with the *Family Educational Rights and Privacy Act (FERPA of 1974, 20 USC & 1232g and 34 CFR & 99),* Kennesaw State University must obtain written consent from a student before releasing or discussing student and/or financial aid records or student accounts of that student with a parent, legal guardian or third party. Such written consent must: be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or parties to whom release may be made. This Student Consent to Disclosure form facilitates a request/authorization by the student**.**
Submit this form in person with a photo ID to the Office of the Registrar, Kennesaw Hall.
Office hours are: Monday – Friday, 8am – 5pm.

A. Student Information.

Student's Full Legal Name _____ Student KSU ID _____ Contact Number (Cell) _____

Address _____ City, State and Zip Code _____

B. Disclosure Information.

All of the following information will be made available to the designee provided.

- Grades/GPA, demographic, registration, student ID number, academic progress status, and /or enrollment information.
- Billing statements, charges, credits, payments, past due amounts, and /or collection activity.
- Financial aid awards, application data, disbursements, eligibility, and /or financial aid satisfactory academic progress.
- University-maintained loan disbursements, billing and repayment history (including credit reporting history, balances, and/or collection activity

Or, students may, at this time, limit the disclosure of the release.
I wish to limit disclosure to only _____.

I consent that specific information referenced on this form is being released to my parent, legal guardian or a third party at my request, and Kennesaw State University is hereby released from all legal responsibility or liability.

I understand that the information will **not** be released over the telephone, and that discussions must be made in person with accompanying photo identification.

I consent to the disclosure of any personally identifiable information from my education records to my parent, legal guardian or a third party. This authorization will remain in effect until an updated form is submitted to revoke authorization.

Signature _____ Date _____

Students are advised to keep a copy of this consent form.

C. Parent, Legal Guardian or Third Party Information (if both parents live at the same address, please list both in the same column)

Name(s) _____	Name(s) _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____

D. Revoke Authorization (To revoke a prior Student Consent to Disclosure)

Authorization will remain active and on file until the student submits a signed statement revoking the consent.
A signed statement revoking the consent is to be hand delivered to the KSU Office of the Registrar, Kennesaw Hall, Kennesaw, Georgia; office hours are: Monday – Friday, 8am – 5pm.

Received by (Student ID Checked)

Name (printed): _____

Signature: _____ **Date:** _____

Department: _____ **Phone:** _____

Source: Office of the Registrar, 5/2/2017