One-Time Student Consent to Disclosure

KENNESAW STATE UNIVERSITY

This form allows a parent or authorized third party to discuss with the university certain covered educational or billing records. The student must submit this form with a valid photo ID to the Office in which the parent or authorized third party wishes to discuss the student's record. **This consent to disclose shall remain in effect for this one request only and will expire 30 days from the date the student signs.**

Student ID Number _____ **Full Legal Name** _____ **Contact Number** _____

Check (√) types of information to release.

	Academic Records	Authorize release of grades/GPA, demographic, registration, student ID number, academic progress/status, immunizations, and/or enrollment information.
	Billing/Financial Records	Authorize release of billing statements and repayment history (including credit reporting history, and balances), University-maintained loan disbursements, charges, credits, payments, past due amounts, financial holds, collection activity, and meal plans.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act (*FERPA of 1974, 20 USC & 1232g & 34 CFR & 99*) and Kennesaw State University must obtain written consent before releasing or discussing student records or accounts with a parent, legal guardian or third party. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of release, and identify the party or parties to whom the release may be made. I certify that this consent has been given freely and voluntarily. Authorization will remain active and on file unless revoked. I may revoke this consent at any time by providing a signed statement of such revocation to the Office of the Registrar. This Student Consent to Disclosure form facilitates a request/authorization by the student.

Student's Signature _____ Date _____

Individuals Granted Access (please print):

Name as appears on Gov't Issued ID	Relationship to Student	Contact Number	Pin (4-Digits)

For Office Use Only (please email signed copy to registrar@kennesaw.edu):

Student's ID verified by (please print name): _____ Department: _____ Date: _____

Signature: _____ Phone: _____