



Campus Awareness, Resource and Empowerment Services

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.

Name of Student: \_\_\_\_\_ KSU ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby give my voluntary consent for KSU Campus Awareness, Resource & Empowerment (CARE) staff to disclose the following education records to the following person(s) and/or agency(ies):

\_\_\_\_\_  
\_\_\_\_\_

Check one:

- \_\_\_ Full consent for FULL ACCESS to educational Records: ( \_\_\_\_\_ )
[X] Consent for LIMITED ACCESS to educational Records: ( \_\_\_\_\_ )
\_\_\_ Transcript
\_\_\_ Disciplinary records
\_\_\_ Recommendations for employment or admission to other schools
[X] Other (specify) Information on presenting needs and services and support provided in relation to CARE Services

Valid For:

- \_\_\_ One Time Use: This authorization can be used only once on \_\_\_\_/\_\_\_\_/\_\_\_\_.
\_\_\_ Limited Use: This authorization expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.
\_\_\_ Long Term Use: Authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year from the withdraw date on this form.

I understand that some of my records may be protected under the Family Education Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by provoking written notice of such revocation to the University office or person who maintains the records of this authorization. This authorization is good for one year from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

I am revoking my consent to release information indicated above effective: \_\_\_\_\_
Student's signature: \_\_\_\_\_