

# Fort Hays State University

## Student Authorization for Release of Education Records Information

The Family Educational Rights and Privacy Act of 1974 ("FERPA" or the Buckley Amendment) is a federal law that affords students certain rights with respect to their education records (which include, but are not limited to, the following examples -- academic records, financial aid and billing information, meal plan records, residence hall/life information, advising conference notes, internships and field placement records, student employment records).

One part of FERPA focuses on confidentiality of education records. School officials (e.g., instructors, administrative and department staff, field placement coordinators and supervisors, and other full-time and part-time university employees) must protect the privacy of education records and shall not disclose personally identifiable information about a student or permit inspection of the student's records without his or her written consent or as permitted by law. The student's written signed consent must contain three elements, as described below:

- (1) Specify the records to be released  
Examples: class registration and grades; financial aid information; student accounts, billing, meal plan; notes based on observations; general assessment of performance of student in a class or in a field-based experience
- (2) Identify the party or class of parties to whom the records should be released  
Examples: parent, prospective employer, non-FHSU school official, scholarship committee member
- (3) Indicate the reason for the release  
Examples: to authorize the university to disclose/release information to a parent; as part of an application for employment or admission into a graduate program; application for a scholarship or grant

### Directions for Student:

It is your obligation to complete, sign, and present in-person a separate Student Authorization for Release of Education Records Information form to any FHSU individual who may be called upon to disclose education records about you or your performance (e.g., registrar, financial aid counselor, student accounts/billing director, ID/meal plan administrator, professor, internship supervisor, or cooperating teacher in a field experience).

Directions for FHSU faculty and staff:

A Student Authorization for Release of Education Records Information form, completed and signed by the student, must be in your possession before disclosing education records or discussing the student's performance with someone other than the student or another person as permitted by the law. The Authorization form must indicate the name of the person(s) or organizations/units to which you will disclose the student's information.

Questions regarding FERPA should be directed to the University Registrar, (email: [registrar@fhsu.edu](mailto:registrar@fhsu.edu), 306 Picken Hall, phone 785-628-4222).

# Fort Hays State University

## Student Authorization for Release of Education Records Information

Name of Student \_\_\_\_\_ ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student: please complete all four sections below, sign and date and deliver separate forms in-person to each individual or office that will provide the information.

1. Identify the name of the FHSU person(s)/offices that you are authorizing to disclose records information:

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(Student --you must submit separate forms in-person to each FHSU person/office you authorize)

2. The following records may be disclosed (check all that apply):

- class registration
- grades
- academic advising
- financial aid
- tuition/fees
- meal plan/flexi-cash records
- FHSU employment
- residence hall/life
- other (specify):

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3. The records may be disclosed to the following (check all that apply):

individual person (print name):

\_\_\_\_\_

prospective employer(s)

school official(s) responsible for admission to educational programs

individual(s) responsible for scholarships, grants, etc.

other (specify):

\_\_\_\_\_

4. The records may be disclosed for the following reason(s) (explain):

This authorization will remain in effect for one calendar year from the signature date below. The student may request to discontinue the authorization prior to the one year date if s/he files a written request for such with the appropriate office(s) or person(s).

I am willing that a photocopy or fax copy of this form be accepted with the same authority as the original: yes no

\_\_\_\_\_

Student's Signature and Date