

Student Billing Authorization to Release Information

The confidentiality of student records, such as student financial account information, is protected by the Family Education Rights and Privacy Act ("FERPA"). The College may always release a student's financial account information to the student in question. The student may authorize the sharing of financial information with other individuals (parents/guardians) through this form. This regulation relates to the billing of tuition, fees and miscellaneous charges, credits and the release of this information concerning these fees, student loans and financial aid. Before the Student Accounts Office can release any written or verbal financial information to anyone other than the student, this form must be completed. Please review the College's FERPA policy for more information: <http://www.kenyon.edu/directories/offices-services/registrar/resources-for-faculty/ferpa-resources/>

Student Information

Name (last, first, mi): _____ Student ID: _____

All Kenyon College student billing invoices are mailed electronically to every student.

I decline to allow the Student Accounts Office to release student financial account information to anyone other than myself. I acknowledge that I am fully responsible for the payment of all tuition, fees, fines and other miscellaneous charges incurred and all balances will be paid in full by the payment deadline.

If you wish to allow a parent/guardian or someone other than yourself to receive billing invoices and other financial account information, please authorize and provide their information below:

I authorize the College permission to release student financial account information to the individual(s) below. Please direct and email my tuition and fees billing statements to the following:

E-mail (required): _____

Name: _____

Street: _____

City, State Zip: _____

Additionally, I authorize that student financial account information may be provided to these individual(s) (optional):

Name: _____ Name: _____

Street: _____ Street: _____

City, State Zip: _____ City, State Zip: _____

E-mail (optional): _____ E-mail (optional): _____

By signing this document, I authorize Kenyon College permission to release to the individual(s) listed above, information related to my student billing record and/or student financial account information; identified as billing statements, charges, credits, payments, past due amounts, and/or collection activity, student loans and financial aid included on the billing statements. I understand that this authorization will remain in effect until my written rescission is received by the Student Accounts Office.

Signature: _____

Date: _____