

Authorization to Release Information

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA, or the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is Kenyon College's policy NOT to release non-directory information to anyone other than the student, unless the student has given us express written permission to do so. Please note that this limitation includes parents and guardians. If you would like anyone other than yourself to have access to your information, please complete this form. Check the boxes below to indicate which type(s) of information you authorize to be released. **If you do not complete this form, information will not be released to anyone other than yourself.**

*I, the undersigned, authorize Kenyon College to release any information from the categories checked below to the person(s) I designate on this form for the purpose so stated. I understand that this form is only valid **one year** from the date it is completed; I must complete a new Authorization to Release Information form each year that I attend Kenyon College or if I wish to change or rescind any permissions on this form. **Please check ALL boxes that apply.***

- Financial Aid. *Financial Aid Office*
- Official Transcript. *Registrar (note: no grades will be released over the phone ; written request from parent required. Fee will be charged)*
- Academic Progress and/or Progress Reports. *Academic Advising*
- Conditional Enrollment Information. *Academic Advising*
- Disciplinary Action Information. *Student Affairs*
- Disability Services Information. *Office of Disability Services*
- Attendance. *Student Affairs*
- Class Schedule. *Registrar*
- Housing Information. *Residential Life*
- Athletics (varsity athletes only)
- Other (describe) _____

Purpose of release:

- Any purpose
- Other (specify) _____

Student Name (Printed): _____ Student ID or SS#: _____

Student signature _____ Date _____

Release information to the following (all information must be provided):

Name and Address (#1): _____

Any four digit number: _____ Relationship to student: _____
(Required—used for verification purposes)

Name and Address (#2): _____

Any four digit number: _____ Relationship to student: _____
(Required—used for verification purposes)

*If additional spaces are needed, please attach another sheet and provide above information.
Return this completed form to the Registrar's Office.*