



This is a new privacy policy effective immediately. Student account information can no longer be given to parents or others without written permission from the student to do so. This completed form must be on file in the Cashiers Office.

**KANSAS STATE UNIVERSITY CONTROLLERS OFFICE
STUDENT AUTHORIZATION TO RELEASE INFORMATION
FERPA (Family Educational Rights and Privacy Act)**

I, _____, Student ID No. _____,
(Student Name) (Only nine digits usually SSN)

hereby consent to the disclosure of any and all financial information maintained by Kansas State University, including but not limited to charges, financial aid or any other payments, or other information, to my parents, or other named person or persons, for the purpose of identifying the status of amounts due or paid to the University. I understand this authorization will remain in effect until I request in writing to rescind this.

Please disclose any requested information to the following individual(s) or entity:

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Name Phone Number Relationship

Signature of Student

Date

Mail To: Controllers Office Cashiers, 2310 Centennial Rd. Salina, KS 67401

Fax To: Controllers Office Cashiers 785-826-2936

Additional forms may be printed from Cashiers website @ ksu.edu/pay - "Forms".