

AUTHORIZATION TO DISCLOSE INFORMATION

Family Educational Rights Privacy Act

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides the confidentiality of student education records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act. (Return to Registrars Office: 17 Fountain St NW, Grand Rapids, MI 49503.)

THIS AUTHORIZATION MAY BE CANCELED AT ANY TIME.

Date _____ Student ID Number (preferred) or Social Security Number

Name of Student (please print)

I authorize Kendall College of Art and Design of Ferris State University to contact:

Name Address

Name Address

Release information to:

- Either Parent
- Father Only
- Mother Only
- Other (Specify Relationship: _____)

_____ I authorize Kendall College of Art and Design of Ferris State University to discuss all aspects of my FINANCIAL obligation/status, financial holds and any other charges uncured or payment made on my behalf with the individual(s) listed above.

_____ I authorize Kendall College of Art and Design of Ferris State University to discuss all aspects of my ACADEMIC records including grades, grade point average, class schedule, etc. with the individual(s) listed above.

Student Signature

This Authorization will remain in effect until a signed request is received from the student to cancel it.

Please note that if you have previously filed a Non-Disclosure of Information form with Kendall, this Authorization to Disclose form will not be valid. If you wish to rescind your confidentiality request please complete the appropriate form (Rescind Confidentiality Request Form).