Consent For Release of Information on Academic Record and Progress

The Family Education Rights and Privacy Act of 1974, as amended, prohibits postsecondary educational institutions from disclosing the education records of students to most third parties without the student's written consent. The only exception made for the parents of postsecondary students is if the student is a dependent as defined by the Internal Revenue Service Code. Accordingly, the University of Kentucky provides student education records to parents only if: 1) The student consents or, 2) The parent demonstrates the student's dependency by providing a copy of one parent's federal income tax return for the current tax year.

This form is for the use by students who wish to voluntarily consent to the release of educational nondirectory information to their parents upon the request of the parent. Undergraduate students who wish to provide such consent should complete this form and bring it to the office of the University Registrar. Graduate students should provide the form to their graduate program records custodian.

Please Note: Even with this consent, information may not be requested via telephone or email. The individual to whom consent has been given may request the information in writing to: Office of the Registrar, Room 10 Funkhouser Building, University of Kentucky, Lexington, KY 40506. Please sign the request. The request may also be faxed to (859) 257-7160. Upon receipt of the written request, the Registrar's Office may then contact the individual by phone or email, if that is provided.

I, ____________________________________________________________ consent to the release of information
(Student's Name)
on my academic record and progress to ____________________________________________________________
(Full Names of Whomever You Choose)

Email address of whom you are giving permission to: ________________________________
for the purpose of their general knowledge of my performance. I am not required by law/university policy
to give this consent. This consent is voluntary.

Student Signature ___________________________________ Date ____________________________

Student ID Number ________________________