



**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)  
RELEASE/REVOCAION FORM**

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records, including financial, academic, and/or advising records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. However, FERPA also gives the student's parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return, and apply for this privilege each year at Kent State University.

**Instructions: Complete the information in the first section only.**

**CBA® Candidate Disclosure and Release of Information**

\_\_\_\_\_

**CBA® Candidate Name** (Please Print)

I understand that any and all personally identifiable information concerning my student education records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice.

This release allows the individual(s) named below to gain access to student education records in the following offices: Bursar's Office, Office of the University Registrar, College/Regional Campus offices, the One Stop for Student Services, and Student Financial Aid Office.

By submitting this form, I agree to waive my rights under FERPA, and allow the person(s) named below to receive access to my student education records.

\_\_\_\_\_

**NAME (First, Middle Initial, & Last Name)** (Please Print)

\_\_\_\_\_

**RELATIONSHIP TO CBA® CANDIDATE**

By signing this release, I authorize Kent State University to release any student education records to the person(s) listed above. Access granted to student education records via this form remains in effect until officially revoked by the student. I understand that I can revoke this access at any time in person at the One Stop for Student Services or a Regional Campus Student Services office and signing the revocation clause.

\_\_\_\_\_

**Student Signature (Required)**

\_\_\_\_\_

**Date**

**Instructions: CBA® candidates MUST return the form to  
Marilyn Bokrass at mbokrass@kent.edu.**

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**Revocation of the Release of Financial and/or Academic Information**

I acknowledge that by signature below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any student education records to those individuals identified on this document. I further understand that if I wish to grant access to my records that a new release form will need to be completed.

\_\_\_\_\_

**CBA® Candidate Signature (Required)**

\_\_\_\_\_

**Date**

Office Use Only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Last Updated 9/19/2017

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_