

**KENT STATE UNIVERSITY  
CAREER & COMMUNITY STUDIES**

**Release and Exchange of Information Form**

Kent State University treats and regards all written documentation obtained to verify a disability and plan for appropriate services, as well as, all documented services and contracts with the Student Accessibility Services as confidential. However, it may be necessary for our staff to exchange some information about you with KSU faculty and staff in order to provide you with educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: \_\_\_\_\_

I give permission to exchange information about me to the following offices or individuals checked below:

\_\_\_ School District(s) \_\_\_\_\_

\_\_\_ BVR Office

\_\_\_ BDD Office

\_\_\_ Admissions Office

\_\_\_ Counseling Office

\_\_\_ Course Instructors

\_\_\_ Financial Aid Office

\_\_\_ Registrar's Office

\_\_\_ Tutor

\_\_\_ KSU faculty/staff

\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_ I agree as part of the application process, to waive my right to access the Student Reference Form.

I also understand that as an adult student at Kent State University, that CCS staff is legally unable to communicate with my parents unless I agree to sign a Family Education Rights and Privacy Act (FERPA) once I have been admitted into the program.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_