Authorization to Release Information

Return this completed form to the Registrar's Office in person or by mail.

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA, or the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is Kenyon College's policy NOT to release non-directory information to anyone other than the student, unless the student has given us express written permission to do so. Please note that this limitation includes parents and guardians. If you would like anyone other than yourself to have access to your information, please complete this form. Check the boxes below to indicate which type(s) of information you authorize to be released. If you do not complete this form, information will not be released to anyone other than yourself.

For this form to be valid, the student must either: (1) sign in the presence of a staff member at the Registrar's Office, or (2) sign in the presence of a notary public (who will acknowledge the signature) and mail the form to the Registrar's Office.

AUTHORIZATION

I, the undersigned, authorize Kenyon College to release any information from the categories checked below to the person(s) I designate on this form for the purpose so stated. I understand that this form is only valid one year from the date it is completed; I must complete a new Authorization to Release Information form each year that I attend Kenyon College or if I wish to change or rescind any permissions on this form. (Please check ALL boxes that apply.)

Student name (printed)	Student ID or Social Security Number
Student signature	Date
 □ Financial Aid. Financial Aid Office □ Official Transcript. (No grades will be released over the phone; a signed request is required. A fee will be charged.) Registrar □ Class Schedule. Registrar □ Academic Progress and/or Progress Reports. Academic Advising 	 □ Conditional Enrollment Information. Academic Advising □ Disability Services Information. Student Accessibility and Support Services □ Disciplinary Action Information. Student Affairs □ Housing Information. Residential Life □ Athletics (varsity athletes only). Athletics
Purpose of release: ☐ Any purpose ☐ Other (please specify details)	
RELEASE OF INFORMATION Release information to the following people. (All information m	ust be provided.)
Name and Address (#1):	
Relationship to student:	
Choose a four-digit number to use for verification purposes (req	uired):
Name and Address (#2):	
Relationship to student:	
Choose a four-digit number to use for verification purposes (req	uired):
If additional space is needed, please attach another sheet and provide	le the above information.

Office of the Registrar

Chalmers Library 103 College Drive Gambier, Ohio 43022-9623

