

Baker University
Authorization for the Release of Protected Information

The Family Educational Rights and Privacy Act (FERPA, 1974 and as amended) prohibits the release of any educational records except those listed as "Directory Information" as defined by the act without the express written authorization of the student involved. This form will allow the appropriate office to release specific information about you to the person(s) you designate below.

Student Name (please print clearly): _____ Student ID Number: _____

I hereby authorize Baker University to release information regarding my educational records as indicated below:

B: Billing Information (check B below): All student billing account information. Examples: account balance, charges and credits (including financial aid awards), payment plan, or related questions regarding a student's financial record.

F: Financial Aid Information (check F below): All financial aid application and award information.

A: Academic Record Information (check A below): All information regarding a student's enrollment, veteran's benefits, and academic records (grades, class schedule, academic standing, etc.).

S: Student Affairs Information (check S below): All information maintained by the Student Affairs Office (housing assignments, student conduct issues, participation in student activities, etc.).

B **F** **A** **S** _____
Name Month/Year of Birth Relationship to Student

B **F** **A** **S** _____
Name Month/Year of Birth Relationship to Student

B **F** **A** **S** _____
Name Month/Year of Birth Relationship to Student

B **F** **A** **S** _____
Name Month/Year of Birth Relationship to Student

I understand this authorization will remain in effect until I submit a written request to cancel this authorization. To cancel this authorization, send a written notice to the Office of the Registrar at records@bakeru.edu.

Student Signature: _____ Date: _____

Where to submit this form:

By email: records@bakeru.edu
Please note: This form must be submitted from a stu.bakeru.edu email account to be accepted

In Person: Office of the Registrar
Constant Hall, Lower Level (Baldwin City)
785.594.4530

By mail: Office of the Registrar
Baker University
P.O. Box 65, Baldwin City, KS 66006-0065

If submitting via mail, the following section must be completed by a Notary Public:

State of _____, County of _____.

Signed or attested before me on _____ by _____
Date Name of Person

(Seal)

Signature of notarial officer

My appointment expires: _____

For Office Use Only: Date Received: _____ Initials: _____ Cancellation Date (if applicable): _____