



THE COLLEGE of
ARCHITECTURE, PLANNING & DESIGN // K-STATE

FERPA PRIOR CONSENT FORM FOR MEETINGS

Meeting Date: _____

I, _____, am aware of my right to confidentiality regarding my educational records, which are part of my student records and protected under the Family Educational Rights and Privacy Act of 1974, as revised. I consent to the disclosure of my educational records, inclusive of personally identifiable information, for purposes of discussion/review at Kansas State University on the above meeting date.

I also authorize the individuals designated below to be in attendance during the discussion/review of my educational records, inclusive of personally identifiable information, at Kansas State University on the above meeting date.

Persons designated to be in attendance on the above meeting date, other than faculty and staff as authorized for by FERPA and University Policy, include the following:

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature (physically sign, add a jpeg or use electronic signature below) _____ Date _____

Signature witnessed by the following Kansas State University Representative

Name _____ Date _____

Department _____

July 2014