

**STUDENT AUTHORIZATION TO
RELEASE ACADEMIC/EDUCATIONAL RECORDS**

I, _____ (*printed name*), with an address of _____
_____ (*street, city, state and zip*), do hereby authorize Eastern
Kentucky University, its officers, agents, employees, and/or faculty to release to and/or discuss
with _____ (*printed name of individual to whom records may
be released*), whose address is _____ (*street,
city, state and zip*), the following information and/or records (*please initial the selected option*):

_____ any and all educational records maintained by Eastern Kentucky University
relating to my educational career at Eastern Kentucky University, including academic
records, billing/student account records, financial aid records, etc. for the entire period of
my attendance at Eastern Kentucky University.

OR

_____ any and all educational records maintained by Eastern Kentucky University
relating to my educational career at Eastern Kentucky University, including academic
records, billing/student account records, financial aid records, etc. for _____
_____ (*specify a time period*) only.

OR

_____ records and information described as follows, including time period of
information/records: _____

This authorization is effective (please initial selected option):

_____ until revoked by me in writing.

OR

_____ from the date of this authorization through: _____
(*indicate specific expiration date*)

Signature

Date

EKU ID Number