TO: Registrar’s Office  
P.O. Box 730  
Kutztown, PA 19530  
610 683-4485 phone  
610 683-1586 fax

Consent to Disclose Records

I, __________________________________________________________________________ hereby request and authorize
(Print Name of Student)

__________________________________________________________________________ to disclose to
(Print Name of KU Office)

__________________________________________________________________________ (insert name of recipient of education records/or class of parties to whom disclosure may be made)

the following educational records:

__________________________________________________________________________

__________________________________________________________________________ (describe in detail)

for the purpose of __________________________________________________________________________.

(indicate purpose)

This disclosure is valid (please check one):

___ current date only
___ current semester only
___ current academic year only

I understand that I can also obtain a copy of the above indicated records if I desire.

____________________________________ / __________________________

(Signature of Student)       (Date)

RTW:dgu
May 23, 2006