## EKU Student FERPA release EKU Office of the University Registrar



## WEB-4-Parent Authorization

Reg Office use only:

STUDENT INFORMATION In accordance with the Family Educational Rights and Privacy Act of 1974, (FERPA), as amended, I authorize EKU to establish a WEB-4-Parent account that will allow the persons listed below to have guest EKUDirect access and thereby able to view my EKU academic and financial records. In addition I acknowledge that in urgent academic/enrollment situations the Registrar/University may contact those listed below to discuss or resolve the situation. Student name (PRINT): Current phone: \_\_\_\_\_\_ EKU email: \_\_\_\_\_ Student signature (REQUIRED): WEB-4-PARENT GUEST INFORMATION **GUEST 1** A. Relationship to student: Middle Full Name Email address: Birthdate (REQUIRED): \_\_ Month Mailing address:\_\_\_\_\_ State City B. Have you ever attended EKU?\_\_\_\_\_\_ If yes, class year:\_\_\_\_\_ C. If parent/guardian, do you have more than one child attending EKU? \_\_\_\_\_ (If yes and you would like to establish a guest account for that student's EKUDIrect information please complete a separate request form with that student's signature.) D. Is the above information the student's EMERGENCY CONTACT INFORMATION? \_\_\_\_\_\_ (Sorry, but only one guest's information can serve as student's EMERGENCY CONTACT information.) A. Relationship to student : \_\_\_\_\_ SSN:\_\_\_\_\_ Full Name\_\_\_\_ Middle Email address: Birthdate (REQUIRED): \_ iViailing address: State B. Have you ever attended EKU?\_\_\_\_\_\_ If yes, class year:\_\_\_\_\_ C. If parent/guardian, do you have more than one child attending EKU? \_\_\_\_\_ \_\_\_\_\_ (If yes and you would like to establish a guest account for that student's EKUDIrect information please complete a separate request form with that student's signature.) D. Is the above information the student's EMERGENCY CONTACT INFORMATION? \_\_\_\_\_\_ (Sorry, but only one guest's

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