



**The University of Kansas
Kansas Law Enforcement Training Center**

**Consent for the Release of Educational Records and
Release of Liability**

Students at KLETC are also students of the University of Kansas. Accordingly, student records kept by KLETC are protected under the Family Educational Rights and Privacy Act (FERPA) 20 USC §1232g. This form authorizes the disclosure of educational records and releases from liability for such disclosures.

Student Information

Box 1

Social Security Number: _____ Date of Birth: _____

Name: _____
First MI Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Records to be Released

Box 2

- ☐ Transcript (no charge)
or
☐ All Records (Please attach \$25 check or Money Order made payable to KLETC)
(No charge if requested directly by law enforcement agency)

Reason Records Are Being Released

Box 3

Reason for the Release:

- ☐ Employment Background Check ☐ Personal Use
☐ Other: _____

Address to Send Records

Box 4

Organization: _____

Attention to: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature

Box 5

I understand that my educational records maintained by the Kansas Law Enforcement Training Center are private documents and cannot be released without my written consent or court order. Through this form, I request that the Kansas Law Enforcement Training Center release the records identified in Box 2 to the person or agency identified in Box 3 of this form. I hereby release the Kansas Law Enforcement Training Center, the University of Kansas, and the State of Kansas as well as the agents and employees thereof from any liability associated with releasing the requested records.

Signature

Date

Return Completed Form to: KLETC, 11009 South Hornet Road, Hutchinson, KS 67501 or fax to
(620) 694-1420 Contact Us: (620) 694-1410