



H.R. EMPLOYEE RECORDS SIGNATURE.FERPA RELEASE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Previous Name: \_\_\_\_\_
UKID# \_\_\_\_\_ Employed on: \_\_\_ Campus \_\_\_ Healthcare
\_\_\_ Student \_\_\_ Temp/STEPS/On-Call
Approximate Dates Employed: \_\_\_\_\_ to \_\_\_\_\_
Copy of Photo ID attached: Email to employeerecords@uky.edu or Fax to 859.323.8512 (ID required by HR Employee Records for those who do not use an active UKY.edu email address to receive records) Photo ID attached: Yes \_\_\_

Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Signature Permission:

I, \_\_\_\_\_ (Must be in ink -or- digitally time/date-stamped, only), give University of Kentucky H.R. Records permission to release\*:

\_\_\_\_\_ Copy of Employee File \_\_\_\_\_ Rehire Consideration Packet

Records may contain student employment. Per FERPA law,# a release is required. You acknowledge your consent for release of information unless this does not apply to above request or is otherwise explained below. An additional photo ID/ release may be requested by HR Employee Records.

Preferred Method of Return: \_\_\_\_\_ Scan/Email \_\_\_\_\_ Fax

I give permission to the following to receive my documents \*\*Photo ID required of individual documents are released to\*\*:

\_\_\_\_\_ I give my spouse (first and last name) \_\_\_\_\_

\_\_\_\_\_ I give non-spouse (first and last name) \_\_\_\_\_

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_

#FERPA - Family Educational Rights and Privacy Act