



### H.R. EMPLOYEE RECORDS SIGNATURE.FERPA RELEASE FORM

Name: _____ Previous Name: _____	Date: _____
UKID# _____	Employed on: _____ Campus _____ Healthcare _____ Student _____ Temp/STEPS/On-Call
Approximate Dates Employed: _____ to _____	Copy of Photo ID attached: Email to <a href="mailto:employeerecords@uky.edu">employeerecords@uky.edu</a> or Fax to 859.257.8514 (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,<sup>#</sup> 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