

FERPA 填报指南

Guide to Completing FERPA Forms

手机端 From a Mobile Device:

1. 手机下载企业微信（不建议使用微信小程序）。

Download the WeCom app (we do not recommend using the WeChat mini program).

2. 用手机号登录。

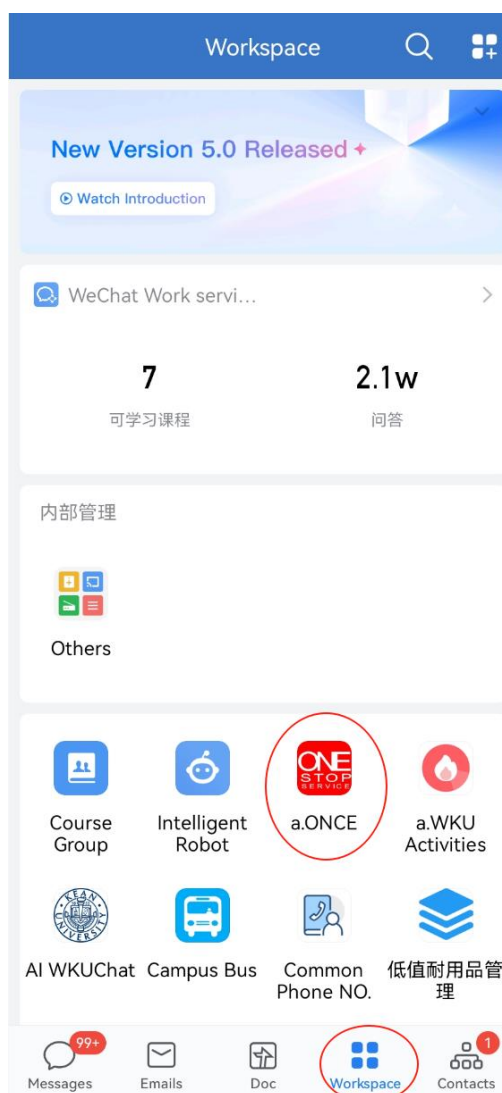
Log in with your mobile phone number.

3. 登陆后，点击页面下方“工作台”。

After logging in, click “Workspace” at the bottom of the page.

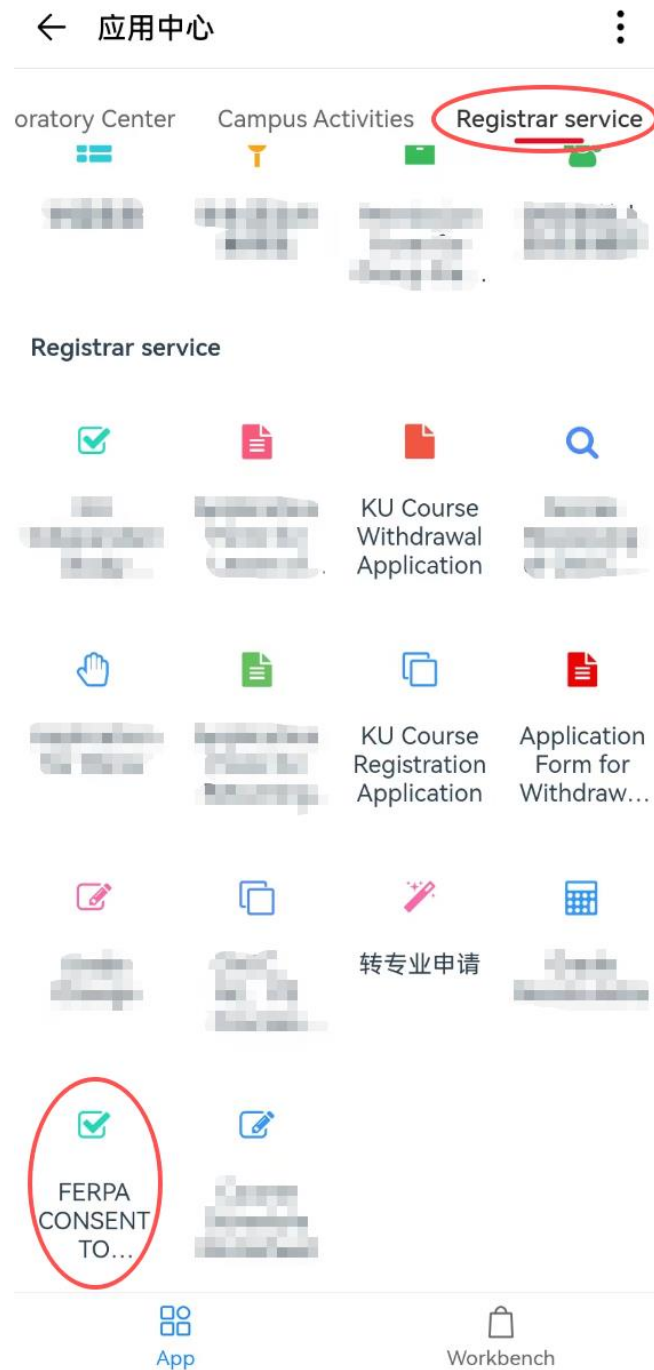
4. 点击“a.ONCE”。

Click “a.ONCE”.



5. 选择“教务服务”下的“FERPA CONSENT TO RELEASE STUDENT INFORMATION”。

Under “Registrar Service”, select “FERPA Consent to Release Student Information”.



6. 点击黄色图标的“FERPA CONSENT TO RELEASE...”。

Click the yellow icon “FERPA Consent to Release...”.



7. 仔细阅读弹窗须知，并选择是否同意填写表格。若你选择不同意填写此表格，则流程即刻结束，无法自行更改。若你选择同意填写此表格，请继续阅读后续步骤。

Carefully read the pop-up notice and choose whether you consent to complete the form. If you choose “I do not consent to complete the form”, the process will end, and you cannot modify it yourself. If you choose “I consent to complete the form”, please continue to read the following steps.

< 返回 FERPA CONSENT TO RELEASE...

Please provide information from the educational records of _____ to:

The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Kean University is prohibited from providing certain information from your student records to a third party, such as grades and other student record information without explicit written consent. You must complete this form if you wish for another individual such as your parents or spouse to have access to privileged information. By completing and

☒ I consent to complete the form. 我同意填写此表格

☐ I do not consent to complete the form. 我不同意填写此表格

The purpose:

☒ family communications about university experience

☒ employment

☒ admission to an educational institution

☐ other (specify)

I understand the information may be released orally or in the form of copies of written records, as preferred by

8. 输入被授权获取你学术记录的个人姓名，并选择要授权的信息类型和目的。

Enter the names of the individuals to whom you are releasing your academic records, and choose the type of information to be released as well as the purpose.

2:12 59

← FERPA CONSENT TO RELEASE... ⋮

< 返回 FERPA CONSENT TO RELEA...

Please provide information from the educational records of _____ to:

* 请输入姓名 (如父亲姓名)

请输入姓名 (如母亲姓名)

(for example: the parents of this student)

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

* The only type of information that is to be released under this consent is:

☒ transcript ☒ disciplinary records

☒ recommendations for employment or admission to other schools

☒ all records ☐ other (specify)

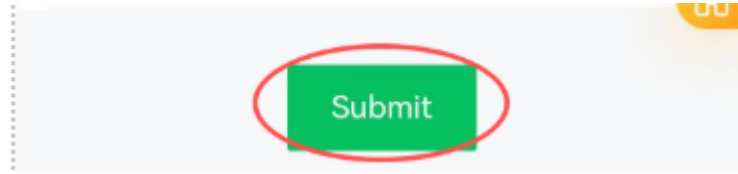
* The information is to be released for the following purpose:

☒ family communications about university experience

☒ employment

9. 提交。

Submit.



注意：表格一经提交，将无法自行修改。如需更改，请通过邮件（registrar@wku.edu.cn）联系注册办撤销当前填报信息，之后你可以重新提交表格。

Note: Once the form is submitted, it cannot be modified by yourself. If you need to make changes, please contact the Office of the Registrar via email (registrar@wku.edu.cn) to cancel the current submission, after which you can resubmit the form.

电脑端 From a Computer:

1. 点击[此处](#)访问“FERPA CONSENT TO RELEASE STUDENT INFORMATION 业务”。

Click [here](#) to access “FERPA CONSENT TO RELEASE STUDENT INFORMATION”.

2. 仔细阅读弹窗须知，并选择是否同意填写表格。若你选择不同意填写此表格，则流程即刻结束，无法自行更改。若你选择同意填写此表格，请继续阅读后续步骤。

Carefully read the pop-up notice and choose whether you consent to complete the form. If you choose “I do not consent to complete the form”, the process will end, and you cannot modify it yourself. If you choose “I consent to complete the form”, please continue to read the following steps.

FERPA CONSENT TO RELEASE STUDENT INFORMATION

Print

The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Kean University is prohibited from providing certain information from your student records to a third party, such as grades and other student record information without explicit written consent. You must complete this form if you wish for another individual such as your parents or spouse to have access to privileged information. By completing and submitting this form, you are authorizing Kean University and Wenzhou-Kean University to release information with regards to your student records to the designated person(s) upon their request. The consent submitted must specify what information can be released. The release will remain in effect until you have changed or revoked this authorization.

I consent to complete the form. 我同意填写此表格

I do not consent to complete the form. 我不同意填写此表格

I may revoke this consent upon providing written notice to the Office of the Registrar. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to (parents name) for the specific purpose described above.

*
Name

Please enter the content

3. 输入被授权获取你学术记录的个人姓名，并选择要授权的信息类型和目的。

Enter the names of the individuals to whom you are releasing your academic records, and choose the type of information to be released as well as the purpose.

Please provide information from the educational records of _____ to:		
请输入姓名 (如父亲姓名)	请输入姓名 (如母亲姓名)	(for example: the parents of this student)
(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)		
The only type of information that is to be released under this consent is:		
☒ transcript ☒ disciplinary records ☒ recommendations for employment or admission to other schools ☒ all records ☐ other (specify)		
The information is to be released for the following purpose:		
☒ family communications about university experience ☒ employment ☒ admission to an educational institution ☐ other (specify)		
I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the Office of the Registrar. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to (parents name) for the specific purpose described above.		

4. 提交。Submit.

Submit

注意：表格一经提交，将无法自行修改。如需更改，请通过邮件（registrar@wku.edu.cn）联系注册办撤销当前填报信息，之后你可以重新提交表格。

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