

Use of Personal Data

The Family Educational Rights and Privacy Act (FERPA) and the Kansas Student Data Privacy Act protect the privacy of student education records. With your consent, your data may be shared. Sharing your data may benefit your education and career goals by helping determine eligibility for services and support.

Instructions: To grant consent to share data, please check the box in the “Grant Consent” column beside the agency or agencies listed below.

To withdraw previously granted consent, please check the box in the “Withdraw Consent” column.

Participant Name: _____

Date	Grant Consent	Withdraw Consent	Agency/Organization
	<input type="checkbox"/>	<input type="checkbox"/>	All agencies listed below
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Board of Regents, Adult Education Centers, and Kansas Postsecondary Educational Institutions
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Commerce, including workforce partners receiving federal funds
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Aging and Disability Services
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Children and Families
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Health and Environment
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Corrections
	<input type="checkbox"/>	<input type="checkbox"/>	Kansas State Department of Education

I understand granting consent allows selected agencies to share my data with one another. Shared data may include, but is not limited to, name, address, social security number, date of birth, GED® exam scores, other test results, transcripts, employment, goals, and outcomes. Shared data may help determine if I qualify for career and training services. My consent also allows these agencies to use my information to prepare reports and evaluate programs.

I understand that I can withdraw consent at any time. To withdraw consent, I may contact the agency or check the “Withdraw Consent” box on a copy of this form and submit it to an agency listed above. I understand that withdrawing consent will stop the selected agencies from sharing my personal data.

I understand that my consent is voluntary. No services will be denied if I do not provide consent.

By signing I acknowledge that I grant consent or withdraw previously granted consent for the sharing of my personal data between the agencies as checked above.

Parent/Guardian or Student Signature (as appropriate)

Date