



ONLINE
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AUGUSTA
Tel: 207.213.2500

CEDAR FALLS
Tel: 319.277.0220

CEDAR RAPIDS
Tel: 319.363.0481

DAVENPORT
Tel: 563.355.3500

DES MOINES
Tel: 515.727.2100

HAGERSTOWN
Tel: 301.766.3600

INDIANAPOLIS
Tel: 877.320.5430

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Tel: 207.333.3300

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Tel: 402.474.5315

MASON CITY
Tel: 641.423.2530

MILWAUKEE
Tel: 414.223.2105

OMAHA
Tel: 402.431.6100

ROCKVILLE
Tel: 301.258.3800

SOUTH PORTLAND
Tel: 563.355.3500

ST. LOUIS
Tel: 314.205.7900

Third-Party Authorization Form (TPAF)

OVERVIEW

Kaplan University students may authorize the release of non-directory, personal information to another individual(s) by submitting this Third-Party Authorization Form. Third-Party Authorization does not act as, or take the place of Power of Attorney. In addition, Kaplan University reserves the right to revoke the Third-Party Authorization at any time.

INSTRUCTIONS

To grant access to your information to designated individual(s) or to revoke previously-granted access, complete the appropriate fields below, print, sign, date, and submit this form to the appropriate Office of the Registrar. Note that authorized parties will be required to verify their identity when speaking to Kaplan University staff about your records by providing their name, their relationship to you, their phone number, and the last 4 digits of your SSN. Be advised that processing this form may take up to 6-8 business days from the date of receipt. Incomplete forms will not be processed.

- Online and Learning Center students must submit this form via email attachment to rsupport@kaplan.edu or via fax to 1-800-588-4127.
- Campus students must submit this form to their onsite Office of the Registrar.

STUDENT INFORMATION

STUDENT NAME: _____ **KAPLAN STUDENT ID OR LAST 4 DIGITS OF SSN:** _____

EMAIL ADDRESS: _____ **EDUCATION ADVISOR (OPTIONAL):** _____

REASON FOR RELEASE OF INFORMATION: _____

THIRD PARTY

Third Party			Place an X in ONE of the columns below for each individual listed.	
Name (First and last name of contact required)	Relationship to Student	Phone Number	I grant this person access to my records.	I withdraw permission for this person to access my records.

I choose to share the following types of records with authorized individual(s) (check only ONE):

All Records Academic Records Only Financial Records Only

This authorization is valid until (specific expiration day, month, and year required): _____

I authorize and/or withdraw, as noted above, permission for the above individual(s) indicated to access my student record. My information may be released to any person(s) granted access above from this date until the expiration date specified above, unless revoked earlier by me via submission of an additional Third-Party Authorization form. I acknowledge that this Third-Party Authorization form allows permission for Kaplan University to share information only; it does not allow the above authorized parties to make decisions my behalf. I acknowledge that Kaplan University may revoke third-party authorization at any time.

Student Signature

Date