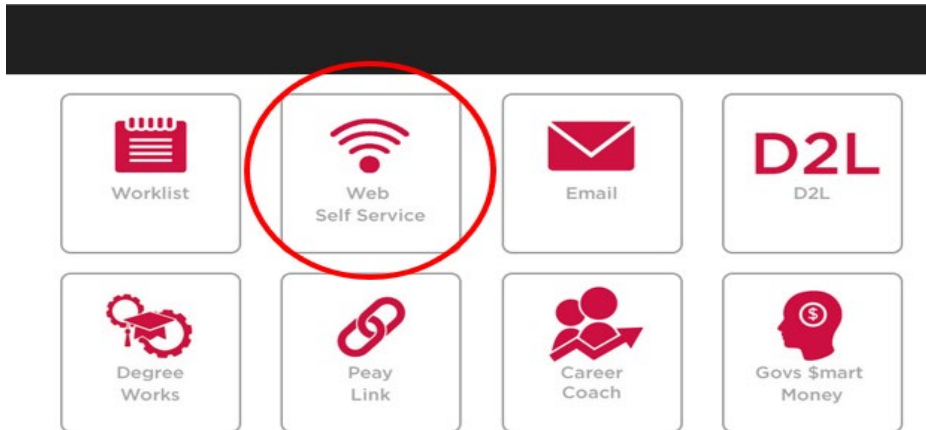
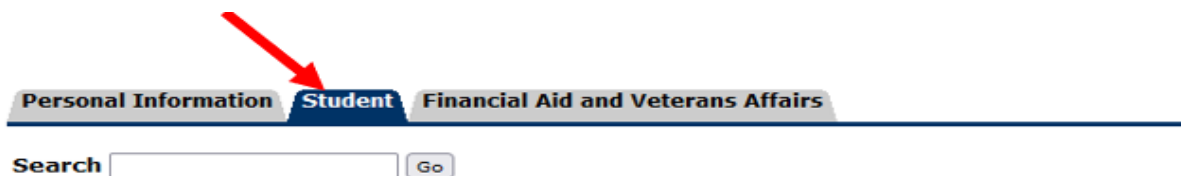


FERPA Instructions

1. Log onto AP OneStop
2. Select the Web Self Service tile

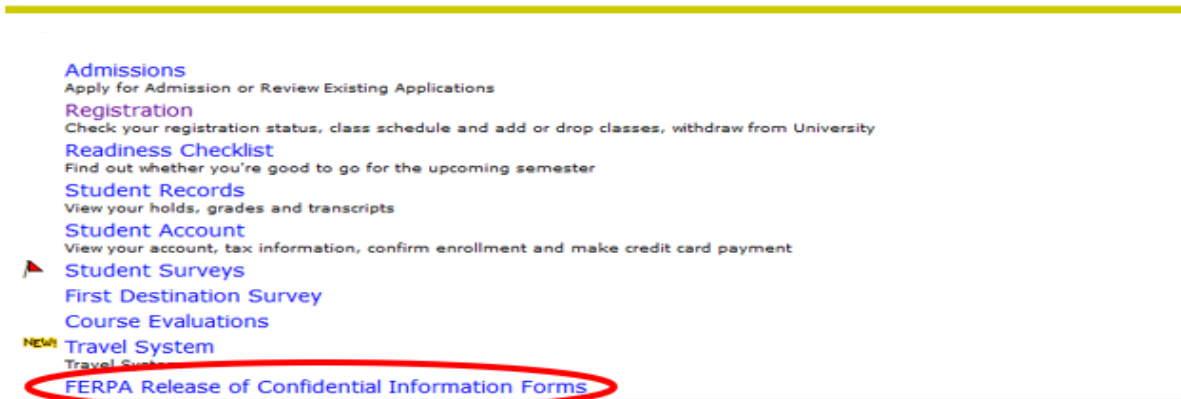


3. Select the Student Link



4. Choose the "FERPA Release of Confidential Information Forms" link

Student



5. Select "FERPA Release of Confidential Information Form" to submit a request. Processes Immediately.
6. Select "FERPA Cancellation Form" to remove a person that was previously submitted on a FERPA Release form. Processes within 2 business days.

FERPA Forms

FERPA Release of Confidential Information Form FERPA Cancellation Form

RELEASE: 1.0

- Once link from FERPA Forms page is selected you will be asked to sign into Dynamic Forms. This uses the same username and password as OneStop.

Welcome to Dynamic Forms!

This online system allows you to complete & submit forms online. To access this system, enter your username & password.

Log In

STUDENTS:
Your username is your AP OneStop login (this is not your Financial Aid System login). Your password is your AP OneStop password.

FACULTY/STAFF:
Your username and password is your AP OneStop Login and password.

Please enter your AP OneStop login

Password

Log In

- Compete requested fields
 - FERPA Release of Confidential Information Form

IMPORTANT: The following information must be completed to assist University staff in identifying the nonstudent recipient of information when he/she calls to request information by telephone.

Student Information:

First Name: * Middle Initial: Last Name: *
A#: * Last 4 digits of SSN: *

Recipient Information:

Name of person(s) (other than self) authorized to receive or request information.
List primary recipient first. Name and personal identification number required for each entry.

| | |
|------------------------|------------------------|
| * <input type="text"/> | * <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Primary Recipient Address:

| | |
|------------------------|-------------------------|
| * <input type="text"/> | * <input type="text"/> |
| Street | City |
| * <input type="text"/> | * <input type="text"/> |
| State: | Zip: |
| * <input type="text"/> | * <input type="text"/> |
| Home Telephone: | Cell or Work Telephone: |

Save Progress Next

b. FERPA Cancellation Form



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) CANCELLATION FORM

IMPORTANT: The following information must be completed to assist University staff in identifying the nonstudent recipient of information when he/she calls to request information by telep

Student Information:

First Name: * Middle Initial: Last Name: *
A#: * Last 4 digits of SSN: *

Recipient Information:

| Name of person(s) to be removed from FERPA Release. | Date of Removal |
|---|------------------------|
| * <input type="text"/> | * <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

9. Click Next

10. Submit Electronic Signature

Electronic Signature

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.

If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.

[Opt out and print](#)