



Texas Woman's University

Authorization to Release Education Records

Doc Type: RL
Desc: _____

NOTICE AND INSTRUCTIONS: The Family Education Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student's name, address, financial records, and grades) from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records. This authorization form will allow officials at Texas Woman's University to release information specified by you to individuals / organizations identified by you on the form when written authorization is required. Please fill in all of the blanks and check the boxes that apply. Upon completion, sign your name and include the date you sign this authorization form. Return the form to the department that has the information you would like the University to release.

A Photo ID of both the student and the authorized individual(s) receiving the information are required with this form.
If mailed or faxed, an enlarged copy of photo ID with a signature is required.

Student Information:

LAST NAME	FIRST NAME	STUDENT ID#
CONTACT PHONE #	UNIVERSITY E-MAIL ADDRESS	DATE OF BIRTH

I, _____, hereby voluntarily authorize Texas Woman's University officials
PRINT NAME OF STUDENT
to release the selected information to the recipient listed below for the purpose of _____

_____ (i.e. providing access to parents, scholarship
application, reimbursement from employer or other source, etc.)

Individual(s) to release information to:

LAST NAME	FIRST NAME	CONTACT #	RELATIONSHIP
LAST NAME	FIRST NAME	CONTACT #	RELATIONSHIP

Educational Information to Release:

✓	Type of Record	Description
<input type="checkbox"/>	All Academic Records	Includes admission, registration, enrollment, grades, graduation, etc.
<input type="checkbox"/>	Partial Academic Records	Specify records to be shared:
		1. _____
		2. _____
		3. _____
		4. _____

This authorization is valid until canceled. The student may cancel this release at any time by submitting a written and signed request to rescind the release of records to the Texas Woman's University Office of the Registrar.

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Stamp Received

ID Type: _____ Verified by: _____ Date: _____