AUTHORIZATION FOR RELEASE OF EXCESS HOURS INFORMATION

PLEASE PRINT:

NAME: _____
First MI Last

COLLEAGUE ID NO.: _____ SOCIAL SECURITY NO: _____

DATE OF BIRTH (MM/DD/YY): _____ PREFERRED PHONE NO: _____

TWU EMAIL ADDRESS: _____

I, _____
(Student Full Name)

authorize _____TEXAS WOMAN'S UNIVERSITY_____
(Institution Name)

to obtain all external information about my excess hours from the Texas Higher Education Coordinating Board as related to the THECB rules section 13.108. I hereby knowingly, freely, and voluntarily waive any right or cause of action arising as a result of the transmission of my hours from which any liability may or could accrue to the Texas Higher Education Coordinating Board, the State of Texas, any other governmental body, institution of higher education, or corporate entity which was associated with the transmission of the requested information.

I understand that, upon request, _____TEXAS WOMAN'S UNIVERSITY_____
(Institution Name)

will provide me with a copy of my information received from the Texas Higher Education Coordinating Board.

Signed this _____ day of _____, 20_____

_____
(Student Signature)

in the presence of:

_____
(Witness Signature)

RETURN COMPLETED FORM TO:

TEXAS WOMAN'S UNIVERSITY
OFFICE OF UNDERGRADUATE STUDIES & ACADEMIC PARTNERSHIPS
PO BOX 425468
DENTON TX 76204-5468
FAX: 940-898-3001