

FERPA STUDENT AUTHORIZATION RELEASE FORM



I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my records at Texas Wesleyan University will not be released to a third party without my approval. I hereby give permission to authorized personnel at Texas Wesleyan University to release these records upon request:

Please CHECK all BOXES that apply:

<input type="checkbox"/> Academic Records (includes grade reports)	<input type="checkbox"/> Financial Assistance
<input type="checkbox"/> Student Development / Conduct	<input type="checkbox"/> Student Accounts

Name of individual(s) to whom information may be released: (Please Print)

Name(s): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

The purpose of this disclosure is: _____

Name(s): _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

The purpose of this disclosure is: _____

Please honor requests for my records by those individuals / parties identified above. I acknowledge by my signature that I understand, although I am not required to release my records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect until such time as I choose to revoke this permission in writing.

Please revoke the FERPA Student Authorization Release Form on file at Texas Wesleyan University (will revoke all access to third parties).

Please **ADD** or **REMOVE** the above to/from the FERPA Release Form on file at Texas Wesleyan University.

Student Name: _____ Student ID#: _____

Student Signature: _____ Date: _____

RETURN THIS FORM BY MAIL, EMAIL OR IN-PERSON.