

FERPA STUDENT AUTHORIZATION RELEASE FORM



Texas Wesleyan

OFFICE OF STUDENT RECORDS

registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____

Student ID: _____

II. REQUEST FOR RECORDS

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 the following records upon request:

Check all boxes that apply:

Academic Records (includes grade reports)

Student Development/Conduct

Financial Assistance

Student Accounts

III. REQUEST TO ADD INDIVIDUAL(S) ACCESS

Name	Relationship	Address	City	State	Zip

IV. REQUEST TO REMOVE INDIVIDUAL(S) ACCESS

Name	Relationship	Address	City	State	Zip

V. REQUIRED SIGNATURE

Please honor my requests 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.

Student Signature: _____

Date: _____

This form has to be returned to the Office of Student Records in person or by e-mail at registrar@txwes.edu.

For Office of Student Records Use Only

Processed by: _____

Date: _____