



## 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 ✓ 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 Code: \_\_\_\_\_

The purpose of this disclosure is: \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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 to the Office of Student Records, 1201 Wesleyan Street, Ft. Worth, TX 76105  
3<sup>rd</sup> floor, Oneal-Sells Administration Building