

FERPA STUDENT AUTHORIZATION RELEASE FORM



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: _____