



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.**

- Academic Records (includes grade reports)** **Financial Assistance**
 Student Development / Conduct **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
3rd floor, Oneal-Seals Administration Building