

Authorization to Release Educational Records

NOTICE AND INSTRUCTIONS: The Family Education Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student's name, address, financial records, and grades) from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records. This authorization form will allow officials at Texas Woman's University to release information specified by you to individuals / organizations identified by you on the form when written authorization is required. Please fill in all of the blanks and check the boxes that apply. Upon completion, sign your name and include the date you sign this authorization form. Return the form to the Office of the Registrar (ADM 128) • PO Box 425559 • Denton, TX 76204 • Fax: 940-898-3205 • registrar@twu.edu

A government issued photo ID of the student is required with this form. If mailed or faxed, an enlarged copy of photo ID with a signature is required.

Student Information:

| | | |
|-----------------|---------------------------|---------------|
| LAST NAME | FIRST NAME | STUDENT ID# |
| CONTACT PHONE # | UNIVERSITY E-MAIL ADDRESS | DATE OF BIRTH |

I, _____, hereby voluntarily authorize Texas Woman's University officials
PRINT NAME OF STUDENT
to release the selected information to the recipient listed below for the purpose of _____
_____ (i.e. providing access to parents, scholarship application, reimbursement from
employer or other source, etc.).

Access to student records will only be granted to the individual(s) listed below when they provide the access code you assign. Be sure to give the access code to the person(s) identified below. The access code is created by you only for the purpose of this release, and can be a single word or phrase. **Access Code:** _____

Individual(s) to release information to:

| | | | |
|-----------|------------|-----------|--------------|
| LAST NAME | FIRST NAME | CONTACT # | RELATIONSHIP |
| LAST NAME | FIRST NAME | CONTACT # | RELATIONSHIP |

Educational Information to Release (check one):

| ✓ | Type of Record | Description |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | All Academic Records | Includes admission, registration, financial aid, student account/billing, enrollment, grades, TSI, etc. |
| <input type="checkbox"/> | Partial Academic Records | Specify records to be shared (i.e. academic, financial aid, student account/billing, housing, etc.) |
| <input type="checkbox"/> | | 1. |
| <input type="checkbox"/> | | 2. |
| <input type="checkbox"/> | | 3. |
| <input type="checkbox"/> | | 4. |

This authorization is valid until canceled. The student may cancel this release at any time by submitting a written and signed request to rescind the release of records to the Texas Woman's University Office of the Registrar.

Student Signature: _____ **Date:** _____

Date Stamp Received

FOR OFFICE USE ONLY

ID Type: _____ Verified by: _____ Date: _____