



**Authorization for Release of Student Information**  
*in accordance with Family Educational Rights and Privacy Act*

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student.

The Family Educational Rights and Privacy Act of 1974 (FERPA); as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

**I. Student Information:**

Name of Student: \_\_\_\_\_  
*(please print)*

Address: \_\_\_\_\_  
*Box # or Street                      City                      State      Zip                      Phone Number*

**II. Recipient Information:**

I authorize TSCTA to release my educational records to the person specified below.

Name of Student: \_\_\_\_\_  
*(please print)*

Address: \_\_\_\_\_  
*Box # or Street                      City                      State      Zip                      Phone Number*

**III. Method of Release:**

Mail: \_\_\_\_\_  
*Address*

Fax: \_\_\_\_\_  
*Fax # including area code*

I will pick up the information in person, showing proof of my identity.

**Please Note:** If not picked up within ten working days from the date of the signature, requested information will be mailed to the student address on file.

**IV. Consent:**

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by TSCTA.

\_\_\_\_\_  
*(Student Signature)*

\_\_\_\_\_  
*(Date)*