

**FERPA CONSENT TO RELEASE STUDENT INFORMATION**

TO: The University of Texas System / The University of Texas of the Permian Basin

\_\_\_\_\_  
(Name of University Official and Department)

Please provide information from the records of \_\_\_\_\_  
[student's name]

to: \_\_\_\_\_  
[name(s), and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney"]

(Note: this Consent does not cover records held solely by the Counseling Center – contact that office for consent forms.)

The only type of information that is to be released under this consent is:

- \_\_\_\_\_ transcript
- \_\_\_\_\_ disciplinary records
- \_\_\_\_\_ recommendations for employment or admission to other schools
- \_\_\_\_\_ all records
- \_\_\_\_\_ other (specify)

The information is to be released for the following purpose:

- \_\_\_\_\_ family communications about university experience
- \_\_\_\_\_ employment
- \_\_\_\_\_ admission to an educational institution
- \_\_\_\_\_ other (specify)\_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent prospectively.

Name (print)\_\_\_\_\_

Signature\_\_\_\_\_

Student ID Number\_\_\_\_\_

Date\_\_\_\_\_