



## 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:

- 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. I also understand that if I am under 18 years old, Texas Wesleyan University can disclose such information to parents and legal guardians regardless of consent.

**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  
3<sup>rd</sup> floor, Oneal-Seals Administration Building