

**THECB Consent and Agreement Form**

I authorize the Texas Higher Education Coordinating Board (“THECB”) to transmit a copy of my complaint (along with any attachments) to the institution for its response.

I authorize the THECB, as part of its investigation of my complaint, to contact and discuss my complaint with officials, faculty, and staff at the institution, and any other persons and entities that may be relevant to the THECB’s investigation of my complaint.

I authorize the THECB to transmit this complaint (along with any attachments) to another Texas state agency (e.g., Office of the Attorney General of Texas, State Board for Educator Certification, etc.) or a federal agency, to the institution’s accrediting agency (e.g., the Southern Association of Colleges and Schools), or to an educational association to which my institution belongs (e.g., Independent Colleges and Universities of Texas, Inc. (ICUT), Texas Association of Community Colleges (TACC), etc.), for investigation and resolution, if the THECB determines that my complaint is appropriate for investigation and resolution by such state agency, accrediting agency, or educational association.

I authorize the THECB to transmit this complaint (along with any attachments) to the appropriate state university system for investigation and resolution, if my complaint pertains to an institution in the University of Texas System, Texas A&M University System, University of Houston System, University of North Texas System, Texas Tech University System, or Texas State University System.

I understand and agree that the THECB and its staff are not my agents or attorneys nor do they represent me in a legal capacity, but instead they represent the State of Texas and are enforcing laws that fall under the scope of the THECB’s authority.

I understand and agree that the information I provide to the THECB may be disclosed in response to a request under the Texas Public Information Act, unless the requested information is confidential or otherwise excepted from disclosure under the Act.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_