

**FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)  
CONSENT AND RELEASE FORM**

I, \_\_\_\_\_, the undersigned, hereby authorize  
*(PLEASE PRINT FULL NAME)*

\_\_\_\_\_  
*(PLEASE PRINT NAME OF INSTITUTION)*

(hereafter referred to as “the institution”) and its authorized representatives to photocopy and release specifically requested material documents or the complete and entire contents of my student financial, academic, personal, and all other records held by the institution upon request by the Texas Higher Education Coordinating Board (“THECB”) and/or its authorized representatives or assigns. These records may include, but not be limited to, the following:

1. All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the Academic, Admissions, Placement/Career Services, Financial Aid, or any similar file).
2. All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).
3. All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records).
4. Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available).
5. Other (please specify):

Please Note: Medical records and services for students with disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained for that information.

I authorize the above institution to release my records to the THECB and its authorized representatives or assigns so that the THECB and its authorized representatives or assigns may

investigate and act upon a complaint I filed with the THECB concerning the institution. I further authorize the above institution and its authorized representatives to discuss my student records with the THECB and its authorized representatives or assigns so that the THECB and its authorized representatives or assigns may investigate and act upon my complaint.

I acknowledge by my signature that I understand that although I am not required to release my records to these individual(s) or entities, I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing and the written revocation is delivered to the institution and THECB or its authorized representatives or assigns and processed. I understand that any such revocation shall not affect disclosures previously made by the institution or THECB prior to the receipt and processing of any such revocation.

I agree to hold THECB and the above institution harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.

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

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

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