

# Consent to Release of Student Information

Pursuant to the Federal Educational Record Privacy Act (FERPA), I, the undersigned individual consent to the release of information from the education records of \_\_\_\_\_ to:  
(Print full name of student)

\_\_\_\_\_  
(Name(s) of person or entity to whom the records are to be released)      \_\_\_\_\_  
(Description, such as "parents" or "prospective employer" or "attorney")

The records to be released are:

- \_\_\_\_\_ My transcript
- \_\_\_\_\_ Disciplinary records pertaining to me
- \_\_\_\_\_ Financial Aid Records
- \_\_\_\_\_ Other (specify the records in detail): \_\_\_\_\_

The purpose of the release is for the following purpose:

- \_\_\_\_\_ Family communications
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Admission to an educational institution
- \_\_\_\_\_ Other: (Specify the purpose of the release. The University is required by FERPA to obtain the purpose for the release of any education records.)  
\_\_\_\_\_

I understand the information may be released orally or in the form of copies. If copies are provided, I understand that the requestor will be charged for copies as provided by University policy.

I understand I may revoke this Consent upon providing written notice to the University Office or Individual to whom I provided this consent form, but that such revocation shall not apply to records already released pursuant to this consent.

\_\_\_\_\_  
(Printed Name of Student)      \_\_\_\_\_  
(Student ID)      \_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Signature of Student)      \_\_\_\_\_  
(Date Signed)      \_\_\_\_\_  
(Phone Number)

**NOTICES:**

This consent cannot be used for the release of student treatment records maintained by the University Student Health Center or Counseling Center.

The University is not responsible for subsequent uses or disclosures of records once they are released pursuant to this consent.

**FOR UNIVERSITY USE ONLY:**  
Individual & Office/Department Receiving Form: \_\_\_\_\_  
Student identity verified by:  
\_\_\_\_\_ Photo ID:  
\_\_\_\_\_ Password or sensitive information from records:  
\_\_\_\_\_ Other (specify): \_\_\_\_\_

To submit this form in person, visit U Central and bring a valid picture ID.  
To submit this form electronically, email it to [registrar@utrgv.edu](mailto:registrar@utrgv.edu) using your UTRGV email account.