



Authorization to Access Confidential Information

Student Name: _____ **ID #:** _____
(Please print current name on file)

I give permission to university officials at The University of Texas Rio Grande Valley to release confidential (non-directory) information from my educational record to the following individual:

Name: _____
(Please print)

Relationship: _____

Address of authorized individual:

(Street)

(City, State, Zip)

Phone: (____) _____ - _____ **Cell:** (____) _____ - _____

STUDENT SIGNATURE: _____ **DATE:** _____

Official transcripts will not be released if the student owes a financial obligation to the University.

This authorization will remain in effect until rescinded or changed by the student.

Authorized individuals contacting the university will be required to verify their identity by reciting the address and phone provided by the student.

REGISTRAR USE ONLY:

Date Received: _____

Date posted to Banner: _____

Initials of posting staff member: _____