



**The University of Texas Rio Grande Valley
College of Education and P-16 Integration
Office of Educator Preparation and Accountability
EDUO 2.510 (956) 665-7952 Edinburg Campus
MAIN 2.200B (956) 882-4139 Brownsville Campus**

FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit The University of Texas Rio Grande Valley to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.

I, _____ - _____ - _____,
(Print Complete Legal Name) (Student ID Number)

am a candidate at **University of Texas Rio Grande Valley** and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Records relating to any of my field-based experiences
- Records relating to my performance in the field
- TExES test score results

B. To the following person(s):

- School districts or other agencies associated with field-based experiences
- School-based/Agency-based administrators
- School-based/Agency-based cooperating teachers/mentors
- The University of Texas Rio Grande Valley designated staff and faculty

C. These records are being released for the purpose of:

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 123g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, student teaching, internship, and thus will be unable to complete program requirement.

Date of Birth : ____/____/____

Email: _____

Phone Number: (_____) _____ - _____

Signature of Candidate

Date