



## FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: The University of Texas Rio Grande Valley

Occupational Therapy Department  
(Name of University Official and Department)

Please provide information from the records of \_\_\_\_\_  
[Student's name]

to: Community-based Practitioners on the Admission Committee

(Occupational therapist(s) based in community practice)

(**Note:** this Consent **does not** cover records held solely by the Center for Counseling and Psychological Services. You must contact that office for Consent to Release forms.)

The only type of information that is to be released under this consent is:

  x   other (specify) all information in application file

The information is to be released for the following purpose:

  x   admission to the Occupational Therapy Master's Program

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parent's financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent prospectively.

       Yes, I give my consent

       No, I do not give my consent

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_