

CONSENT TO ONGOING RELEASE of STUDENT INFORMATION UNDER FERPA

Important note: UTRGV students may grant access to specific parts of their academic records online by designating individuals via ASSIST. For more information, view UTRGV's webpage regarding [Proxy Access](#).

Pursuant to the Federal Educational Record Privacy Act (FERPA), I, the undersigned individual consent to the release of information from the education records of myself **[student's full legal name]**: _____
to **the following individual or entity**:

[Name(s) and description of person or entity to whom the records are to be released, such as "parents" or "prospective employer" or "attorney"]

I understand the **records to be released may include my full official transcripts (including all academic history), disciplinary records pertaining to me, financial aid records, and other portions of my academic record not otherwise designated as directory information under FERPA.**

I authorize release of my student information for **the following purpose**:

____ family communications

____ employment

____ other. Please 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 by word of mouth, electronically, or in the form of printed copies.

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 Number

Student Signature

Date

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:

Office/Department Receiving Form: _____

Student identity verified by:

____ Photo ID

____ Password or sensitive information from records

____ Other (specify): _____

Form received/processed by:

Staff Name: _____

Staff Signature: _____

Date: _____