AAPPS 02.03.01

Texas State University

**RELEASE OF EDUCATION RECORDS FORM**

Student Name Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_

Records to be released: (Please check all that apply.)

□ Degree Audit Information (Including courses remaining and courses completed)

□ Grades (Including GPA and Probation/Suspension Status)

□ Graduation Information (Including degree type, honors, and application status, etc.)

□ Other not listed above, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Records disclosed to:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I voluntarily give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Texas State University to disclose the personally identifiable information listed above from my education records to the party listed above. I understand that this consent is valid from \_\_\_\_\_\_\_\_\_\_ 20\_\_ through \_\_\_\_\_\_\_\_\_\_ 20\_\_ and after the term expires, I must re-authorize consent to disclose any information from my education records to any other party other than myself.

\_\_\_\_\_\_

Student signature Date