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