



Revoke Access to Student Records

FERPA: The Family Educational Rights and Privacy Act

FERPA is a Federal Law designed to protect the privacy of a student's education records. The Law applies to all institutions of higher education which receive funds under applicable programs of the U.S. Department of Education. This act protects your personal information from unauthorized distribution to third parties. With limited exceptions, Texas State University must have a signed acknowledgement from you before personal information can be released to a third party (i.e. spouse, parent, employer, etc.).

Student Name: _____ TXST ID: **A**

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This form serves as your signed revocation of consent for Texas State University to release the indicated educational records to the individual identified below. One form is required per authorized individual. If you wish to reinstate this individual's authorization, you will need to fill out another *Grant Access to Student Records Form* <http://www.registrar.txstate.edu/our-services/ferpa.html> . Please fill out this form on-line, print, sign, and return to one of the offices indicated below.

I _____ the undersigned, hereby revoke the authorization for Texas State University to release my educational records to the designated individual or entity listed below.

Individual/Entity

Name: _____

Address: _____

Phone: _____

Relationship: Parent/Guardian Spouse Other _____

By signing this revocation, I am reinstating my rights of nondisclosure of my student records under FERPA to the person or entity specifically listed herein. I understand that if I am a dependent for tax purposes, Texas State University may (but is not required to) release educational records to parents and legal guardians, regardless of my consent. This executed FERPA Revocation Form will be in effect and retained in my student records from the date indicated below until I notify Texas State University of a change by filling out another FERPA Release Form <http://www.registrar.txstate.edu/our-services/ferpa.html>

Student Signature: _____ Date: _____

Please complete, print, sign, and return this form to the Office of the University Registrar, your Academic Advisor, the Financial Aid and Scholarships office. This form can be mailed to the following address:

Texas State University
Attn: Office of the University Registrar
601 University Dr.
San Marcos, TX 78666

Note: Allow two business days for this form to be processed and appear on your student record.
Please retain a copy of this form for your records as passwords will not be released.