

Authorization to Release Education Records

The Family Educational Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student’s name, address, financial records, and grades) from disclosure without the student’s signed, written consent, unless consent is not required by law. Students are not required to authorize disclosure of information from their education records.

This form will allow officials at the University of North Texas Health Science Center to release information specified by you to individuals/organization identified by you on the form when authorization is required. Please fill in all information that may apply. Print and sign your name and include the date. Please return this form to the appropriate department that has the information you would like the University to release.

I, _____, hereby voluntarily authorize the University of
Student’s Printed Name
North Texas Health Science Center officials in the department(s) identified below to disclose personally identifiable information from my education records. Check all boxes that apply.

- Registrar
- Financial Aid
- Student Development
- Student Financials
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information.

- Grades/Transcripts/Academic
- Financial Aid
- Student Account Information
- Disciplinary
- All University Records
- Other (Please Specify) _____

This information may be released to:

For the purpose of informing:

- Family Member(s)
- Educational Institution(s)
- Employer/Prospective Employer(s)
- Public or Media (Scholarships, Honors or Awards)
- Other (Please Specify) _____

I understand this authorization will remain in effect from the date it is signed until revoked by me, in writing and delivered to the Department(s) identified above.

Student Name

Student ID Number

Student Signature

Date