

OLS: Rev. 11-25-09

## CONSENT TO RELEASE FERPA-PROTECTED STUDENT INFORMATION

(Note: this Consent does **not** cover medical records held solely by the College Health Center or the Counseling Center – contact those offices for consent forms.)

Please provide information from the educational records of:   Recommendations for employment or admission to other schools	TO: (Name of College Official and Dept.)	
Recommendations for employment or admission to other schools  Transcript Disciplinary records  All records Other (Specify)  IF STUDENT IS NOT A "MINOR" AND CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS SECTION  I understand the information will be released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights).  Student may only select one option below. Failure to select any option will deem this Consent ongoing under the terms of option no. 2.  1. This Consent is not ongoing and is valid for the limited purpose of releasing the information which is available today to the party/entity designated above.  2. This Consent shall remain in effect until such time that I am no longer a student at any college in the District or I revoke this Consent in writing, whichever occurs first. I understand I may revoke this Consent at any time.  Print Name  Signature  Date:  "MINOR" means a person under 18 years of age who is not and has not been married or who has not had his/her disabilities of minoring removed for general purposes. V.T.C.A., Family Code § 101.003.  ***A photocopy of signing party's current, valid picture ID must accompany this form.		
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TOR OFFICE USE ONET.		
Print Name of Processor/Clerk:		
Photo copy of signing party's current, valid picture ID attachedYesNo  Date copies of records provided to Student, Parent/Guardian, or designated third party:		