



CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), 20 U.S.C. § 1232g; 34 C.F.R § 99.30

TO: TEXAS EDUCATION AGENCY
Public Information Request Office
1701 North Congress Avenue
Austin, Texas 78701

FROM: Parent* or Eligible Student** Name
Address
City State Zip Code
() Telephone
E-Mail Address

I authorize TEA to disclose personally identifiable information from the education records of:

PRINT Student Full Name While Enrolled in Texas Public Schools (First Name, Middle Name (if applicable), Last Name)
Date of Birth
Last Four Digits of Social Security Number (SSN) XXX-XX-

Release To:

Name
Address
City State Zip Code

Full S-number or TEA Unique ID
Organization/Company Name (if applicable)
() Fax Number (if applicable)
E-Mail Address (if applicable)

Purpose for this disclosure (REQUIRED):

NOTE: Only student information from specified school years to the present is available. Information that may be disclosed: (check all that apply):

- High School Graduation Information from 1990-91 to present (TEA DOES NOT have diplomas)
Attendance Information from 1992-93 to present (Only available for the regular fall and spring semesters)
Course Information from 1992-93 to present (TEA DOES NOT have transcripts)
Test Scores Campus/District Name Year/Date taken
Other (Please specify):

Signature of Parent* or Eligible Student** Date

* With my parent signature I attest that my parental rights to educational records have not been affected by a court order.
** Eligible student means a student who has reached 18 years of age or is attending an institution of postsecondary education.

SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC IN AND FOR COUNTY, (STATE)
THIS DAY OF 20
Notary Signature