



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 Name Date of Birth Last Four Digits of Social Security Number (SSN)

Release To:

Name Organization/Company Name (if applicable)
Address Fax Number (if applicable)
City State Zip Code E-Mail Address (if applicable)

Purpose for this disclosure (REQUIRED):

NOTE: Only student information from 1990-1991 to the present is available. Information that may be disclosed: (check all that apply):

- High School Graduation Information (TEA DOES NOT have diplomas)
Course Information (TEA DOES NOT have transcripts)
Attendance Information (Only available for the regular fall and spring semesters)
Test Scores Campus/District Name Year/Date taken Full SSN:
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