**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 FROM:

Parent or Eligible Student Name

Public Information Request Office

Address

1701 North Congress Avenue

City State Zip Code

Austin, Texas 78701 ( )   
 Telephone

E-Mail Address

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

/ / XXX - XX -

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 *s*tudent 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)*

○ Confirmation of Texas graduation ○ Date graduated

**Course Information** *(TEA DOES NOT have transcripts)*

*Note: Grades 9-12, regular fall and spring semesters only; no summer school or correspondence courses*

○ List of Texas high school courses

**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