

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 XXX - XX -
 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)
 - 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