Authorization to Release Education Records

Completion of this form authorizes the UT Health Science Center at San Antonio to release specific personal information, to specific parties, for a specific purpose.

I have read and understood the attached disclosure on FERPA and hereby authorize university officials in the offices identified below to disclose personally identifiable information from my education records maintained by that office (check one).

☐ Registrar
☐ Veteran Services and Financial Aid
☐ Other ________________________________

Specifically, I authorize disclosure of the following information or category of information (Check one or more that apply. Please describe information to be released.):

☐ Grades (unofficial transcript)
☐ Official/Unofficial Transcript (transcript fee is applicable via Transcript Request)
☐ Academic ____________________________________________ (describe)
☐ Veteran Services ______________________________________ (describe)
☐ Financial Aid _________________________________________ (describe)
☐ Other (please specify) _________________________________

Information to be released to:

Printed Name ____________________________________________
Name of Organization ______________________________________
Number/Address __________________________________________

For the purpose of informing:

☐ Family Member(s) ______________________________________ (purpose)
☐ Education Institution(s) ________________________________ (purpose)
☐ Employer/Prospective Employer(s) ________________________ (purpose)
☐ Public or Media (Scholarships, Honors Awards) ___________ (purpose)
☐ Other (please specify): _________________________________

You must provide an official government-issued photo ID at the time of request.

I understand that this authorization will remain in effect from the date it is signed until revoked by me, in writing, and delivered to the office(s) identified above.

________________________  __________________________
Student Name (print)        Student HSC ID

________________________
Student Signature

________________________
Date

For Office Use Only
Request completed on: __________/________/________
Method of delivery: □ Fax  □ Mail  □ Pick-Up
To: __________________________

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