

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 [FERPA policy](http://www.uthscsa.edu/hop2000/2.2.3.pdf) (http://www.uthscsa.edu/hop2000/2.2.3.pdf) 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)
- Cumulative GPA (provide via email/letter only)
- 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

<i>For Office Use Only</i>
Request completed on: ____/____/____
Method of delivery: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick-Up
To: _____