Texas Tech University
Authorization to Release Student Information

The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232(g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

I authorize Texas Tech University representatives to release information regarding my account as indicated below:

<table>
<thead>
<tr>
<th>Student Information Type</th>
<th>Check Box</th>
<th>Description</th>
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| Business Account         | B         | • Account balance, charges, and credits  
|                          |           | • Past due balances  
| Financial Aid            | F         | • Financial aid application  
| Academic Records         | A         | • Student enrollment  
|                          |           | • Veteran’s benefits  
| Application Records      | P         | • Admission application/status  
|                          |           | • Letters of Recommendation  
|                          |           | • Test Scores & Transcripts  

Please check the appropriate box(es) for each person you wish to have access to the above information on your account. This form does not authorize any third party to access a student’s online account.

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I understand this authorization will remain in effect until I submit a written request to the Office of the Registrar (contact info below) to cancel this authorization.

Student Signature: ___________________________ Date: ______________

If not delivering in person, the following section must be completed by a Notary Public:

State of ___________________________  County of ___________________________

On this _____ day of ___________________, 20___, __________________________________ personally appeared before me,

(Check One):  ☐ who is personally known to me OR ☐ whose identity I proved on the basis of _______________________ to be the signer of the above instrument.

Notary Public ___________________________

Residing at ___________________________

My commission expires: ___________________________

Deliver by mail to:
Office of the Registrar  
Texas Tech University  
Box 45015  
Lubbock, TX 79409-5015

Deliver in person or fax to:
Registrar - Room 103  
West Hall  
(FAX) 806-742-0355

Waiver will be in effect until rescinded by student:

Cancellation Date: _________________________

Student Signature: _________________________