

Student Name: (Please Print): _____

Tech ID: R_____

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:

Student Information Type	Check Box	Description	
Business Account	B	<ul style="list-style-type: none"> • Balance, charges, & credits • Veteran's benefits • Past due balances 	<ul style="list-style-type: none"> • Third party sponsorship • Perkins loan • 1098T
Financial Aid	F	<ul style="list-style-type: none"> • Financial aid application 	<ul style="list-style-type: none"> • Award information
Academic Records	A	<ul style="list-style-type: none"> • Student enrollment 	<ul style="list-style-type: none"> • Grades • Registered courses • Student conduct
Application Records	P	<ul style="list-style-type: none"> • Admission application/status • Letters of recommendation • Test scores & transcripts 	<ul style="list-style-type: none"> • Essays • Residency information • Other admission materials

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. Authorizing the release of your information to a company provides unlimited access to anyone employed by that company. You may limit time of access by stating a cancellation date below.

<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> P			/
Name				(Optional) 4-digit PIN	Last 4-digits of SSN	Mo. / Yr. of Birth
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> P			/
Name				(Optional) 4-digit PIN	Last 4-digits of SSN	Mo. / Yr. of Birth

I understand this authorization will remain in effect until I submit a written request to the Office of the Registrar 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.

Affix Notary Stamp

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, fax or email to: Registrar- West Hall Room 103 (FAX) 806-742-0355 registrar@ttu.edu	Waiver will be in effect until rescinded by student: Cancellation Date: _____ Student Signature: _____
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