

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 (Including, but <u>not</u> limited to, the following):
Business Account	<b>B</b>	<ul style="list-style-type: none"> <li>• Account balance, charges, and credits</li> <li>• Past due balances</li> <li>• Third party sponsorship</li> <li>• Perkins loan</li> <li>• 1098T</li> </ul>
Financial Aid	<b>F</b>	<ul style="list-style-type: none"> <li>• Financial aid application</li> <li>• Award information</li> </ul>
Academic Records	<b>A</b>	<ul style="list-style-type: none"> <li>• Student enrollment</li> <li>• Veteran's benefits</li> <li>• Academic records                             <ul style="list-style-type: none"> <li>○ Grades</li> <li>○ Schedule</li> <li>○ Student Judicial</li> </ul> </li> </ul>

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. If you seek to release only very specific information, please check here and attach a letter with the specific request.  Letter Attached

<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A				/
			<b>Name</b>	<b>Relationship</b>	<b>Last 4-digits SSN</b>	<b>Mo. / Yr. of Birth</b>
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A				/
			<b>Name</b>	<b>Relationship</b>	<b>Last 4-digits SSN</b>	<b>Mo. / Yr. of Birth</b>
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A				/
			<b>Name</b>	<b>Relationship</b>	<b>Last 4-digits SSN</b>	<b>Mo. / Yr. of Birth</b>

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: \_\_\_\_\_

<b>Deliver by mail to:</b> Office of the Registrar Texas Tech University Box 45015 Lubbock, TX 79409-5015	<b>Deliver in person or fax to:</b> Registrar- Room 103 West Hall (FAX) 806-742-0355	Waiver will be in effect until rescinded by student: Cancellation Date: _____ Student Signature: _____
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