

Southwestern University

Family Educational Rights and Privacy Act (FERPA) Information Release Form

In compliance with FERPA, Southwestern University cannot release a student's educational record to any person unless authorized by law or unless the student consents to the disclosure in writing.

Student's Name: _____ ID: _____
Please Print

I hereby give my voluntary, written consent for Southwestern University to release and discuss my educational records as indicated below upon request to the person(s) listed below in written, oral and electronic formats.

Furthermore, I understand this consent covers each semester of my attendance, remaining in effect until rescinded by me in writing.

Finally, I hereby release Southwestern University, its agents, employees and officers from any and all liability which may result from the release of records pursuant to this consent.

I authorize Southwestern University personnel to release/discuss my final grades upon request to the person (s) listed below.

I authorize Southwestern University personnel to release/discuss my student account/ financial obligations, merit scholarships, and financial aid upon request to the person (s) listed below.

Student's Signature

Date Signed

#1 – Authorized Person (please print legibly)

Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Phone: _____

Relationship to Student: _____

#2 – Authorized Person (please print legibly)

Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____

Phone: _____

Relationship to Student: _____

If you wish to list additional persons, please use the back of this form to write their information.

Please return the completed form to: Center for Academic Success and Records, Prothro Center for Lifelong Learning, P. O. Box 770, Georgetown, TX 78627-0770. For questions, please call the Center for Academic Success and Records at 512-863-1952.