

Texas Southern University: FERPA Release Authorization

In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)*, a college/university is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fee assessments, financial aid (including scholarships, grants, work-study, or loan amounts), and other student record information. This restriction applies to all third parties, including, but not limited to: your parents, spouse, roommate, friend, or sponsor. Some exceptions to the disclosure prohibition exist.

Under FERPA, Texas Southern University (TSU) may disclose information from your educational record to your parent(s) if your parents (or one of your parents) claim(s) you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent. FERPA does not require but does permit such disclosure.

Please check the appropriate box:

☐ Yes, I certify that one or both of my parents or a legal guardian claim me as a dependent for federal income tax purposes.

□ No. I certify that my parents (or legal guardian) do not claim me as a dependent for federal income tax purposes.

At your discretion, you may grant TSU permission to release information about your student records to a third party by submitting this completed and signed FERPA Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The university does not automatically send information to an authorized third party. You have the right to inspect any written records released pursuant to this Release of Information (except for instances where the student has already waived permission to inspect).

NOTE: This release overrides all FERPA directory suppression information you set up in your student records for the third-party designee you name on this form. Your authorization to release information **expires one (1) year from the submission date**; however, you may revoke your authorization at any time by filling out the Revocation of FERPA Release.

Section A: STUDENT INFORMATION

Last, First, Middle Name:			_
T number:	DOB:		
Current Address:			_
City:	State:	Zip Code:	-
Section B: PERSON TO WHOM	INFORMATION N	MAY BE RELEASED	
Please release information from my	y academic record to	the following person:	
Last, First Name:			
Current Address:			_
City:	State:	Zip Code:	-
Relationship to Student: For in-person requests for informa student's education record must pre	tion, the individual a	 authorized to receive information from the	
below must authenticate his/her id	lentity by providing a	rotected information, the person named a four-digit FERPA PIN number. You, the ide it to your third-party contact. UNIQUE	
Section C: RECORDS TO BE R	ELEASED AND FO	OR WHAT PURPOSE	
Check one or more boxes below to unless the box describing the information of the control of the	-	to release records. Information will not be share cked.	ed
· · · · · · · · · · · · · · · · · · ·	atus, income informa	le, awards and disbursement of funds informatiation, and any other information contained in the nancial Aid, or any similar file).	
schedule information, assessment to	est scores, Satisfactor	nscripts, admission and registration information bry Academic Progress status, residency the academic record)—including records held b	

the Admission, Records and Registration, and Bursar/Cashiers Office.
□ All student account records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, record hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information contained in student account records).
□ All student conduct records (records include: correspondence to and from students related to conduct issues, conduct investigative reports, and any other information related to student conduct, including Title IX records).
☐ Student Accessibility Services Office Information
☐ Other (please specify):
The information is to be released for the following purposes (check all that apply):
□ litigation or other legal proceeding
□ employment assistance or assistance with counseling/treatment other (please specify):
□ other (please specify):
Section D: HOLD HARMLESS AND SIGNATURE
I agree to hold TSU —as selected above—harmless from any and all liability for releasing my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies.
I, the student, acknowledge the information listed above and agree to the FERPA Student Information Release Authorization terms outlined in Sections A-D.
Print Student Name (REQUIRED):
Signature of Student (REQUIRED):
Date: