TEXAS A&M UNIVERSITY VICTORIA

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I _____ hereby voluntarily authorize officials in Texas A&M University-Victoria identified below to disclose personally identifiable information from my educational records.
(Please check the box or boxes that apply):

- ☐ Office of the University Registrar
- ☐ Scholarships and Financial Aid
- ☐ Student Financial Services
- ☐ University Advancement
- ☐ Student Affairs
- ☐ Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information. (Check the box or boxes that apply):

- ☐ Academic Advising Profile/Information
- ☐ Academic Records
- ☐ All University Records
- ☐ Billing/Financial Aid
- ☐ Disciplinary
- ☐ Grades/Transcripts
- ☐ Housing
- ☐ Photos
- ☐ Scholarship and/or Honors
- ☐ Other (Please Specify) _____

This information may be released to:_____

(List names of individual(s) to whom the university may disclose information)

_____ For the purpose of informing:

- ☐ Family
- ☐ Educational Institution
- ☐ Honor or Award
- ☐ Employer/Prospective Employer
- ☐ Public or Media of Scholarship
- ☐ Other (Please Specify) _____

Please provide a password to obtain information via the phone: _____. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

_____ _____

Student Name (please print) Student I.D. Number

_____ _____

Student Signature Date

Please Retain a Copy for your Records
Form may be Submitted to the Office of the Registrar & Student Records **studentrecords@tamuv.edu**

Revised 08.27.25