UNIVERSITY OF NORTH TEXAS
Authorization to Release Education Records

NOTICE & INSTRUCTIONS: The Family Educational Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student's name, address, financial records, and grades) from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records. This authorization form will allow officials at the University of North Texas to release information specified by you to individuals/organizations identified by you on the form when written authorization is required. Please fill in all of the blanks and check the boxes that apply. Print and sign your name and include the date you sign the authorization form. Return the form to the department that has the information you would like the University to release.

I, _____, hereby voluntarily authorize
[Print Name of Student]
University of North Texas officials in the department(s) identified below to disclose personally identifiable information from my education records (Check the box(es) that apply):

- ☐ Registrar
- ☐ Financial Aid
- ☐ Student Development/Center for Student Rights & Responsibilities
- ☐ Student Accounting and University Cashiering Services
- ☐ Housing
- ☐ Other (Please Specify) _____

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

- ☐ Grades/Transcripts/Academic
- ☐ Financial Aid
- ☐ Student Account Information
- ☐ Disciplinary
- ☐ Housing-Related
- ☐ All University Records
- ☐ Other (Please Specify) _____

This information may be released to Sponsored Student Programs /
[Print Name(s) of Individual/Organization To Whom University May Disclose Information]

_____for the purpose of informing:
[List Additional Individual/Organization if Necessary]

- ☐ Family Member(s)
- ☐ Educational Institution(s)
- ☐ Employer/Prospective Employer(s)
- ☐ Public or Media (Scholarships, Honors or Awards)
- ☐ Other (Please Specify) _____

I understand that this authorization will remain in effect from the date it is signed until revoked by me, in writing, and delivered to the Department(s) identified above.

_____ _____
Student Name (Please Print) Student I.D. Number

_____ _____
Student Signature Date