

# TRINITY UNIVERSITY

## Student Consent to Release Educational Records

Note: Students are not required to complete this form; however, not doing so will prevent parents and/or guardians from being informed on matters related to the student's education.

### Section 1

In compliance with the Family Educational Rights and Privacy Act (FERPA), Trinity University cannot, except in certain limited situations, release a student's education record to any person other than the student without a written release from the student.

#### Student's Information (please print legibly)

Last Name	First Name	Middle	Trinity ID #

I hereby give my voluntary, written consent for Trinity University to release my education records upon request to the person(s) listed below. (For purposes of this consent form, your education record includes student account/financial, financial aid, campus life, grades and related academic information.)

Furthermore, I understand this consent covers each semester of my attendance, remaining in effect until rescinded by me in writing.

Finally, I hereby release Trinity 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 Trinity University personnel to release educational records to my parents and/or guardian.

I do not authorize Trinity University personnel to release educational records to my parents and/or guardian.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed

### Section 2

#### #1 – Authorized Person (please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

(Required for identification purposes)

#### #2 – Authorized Person (please print legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

(Required for identification purposes)

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

Please return the completed form to: Office of Student Accounts, Northrup 142, One Trinity Place, San Antonio TX 78212-7200.