

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 Name: (Please print legibly) Last First Middle

Student's Trinity ID#: _____

I hereby give my voluntary, written consent for Trinity University to release my education records upon request to the persons 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Furthermore, I understand this consent covers each semester of my attendance, remaining in effect until rescinded by me in writing.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.

Student's Signature

Date

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

Student's Signature

Date

SECTION 2. PERSONS TO WHOM I AUTHORIZE DISCLOSURE: (PLEASE PRINT LEGIBLY)

#1 - AUTHORIZED PERSON'S NAME

(Last, First, Middle)

Relationship to Student

Authorized Person's Date of Birth and Last 4 digits of SS# (Required for identity purposes)

#2 - AUTHORIZED PERSON'S NAME

(Last, First, Middle)

Relationship to Student

Authorized Person's Date of Birth and Last 4 digits of SS# (Required for identity purposes)

IF YOU WISH TO LIST ADDITIONAL PERSONS, PLEASE WRITE THEIR INFORMATION ON THE BACK OF THIS FORM. PLEASE RETURN TO: STUDENT ACCOUNTS OFFICE, ONE TRINITY PLACE, SAN ANTONIO TX 78212-7200