

TEXAS SOUTHERN UNIVERSITY

Enrollment Services

3100 Cleburne Street, Houston, Texas 77004

(713) 313-7071

Student Authorization to Release Texas Southern University Academic Transcript To a Third Party

Name: _____ Date: _____
Last First Middle Month Day Year

Current address: _____
Street

_____ City State Zip

Date of birth: _____ Social security number: _____
Month Day Year - -

Telephone: (_____) E-mail: _____ @ _____

College classification Freshman Sophomore Junior Senior Other

Major field of study: _____ Full-time student Part-time student

Please check one: Continuing student Transfer student New student

Purpose(s) for which the education records may be disclosed (i.e., admission, employment, tuition payment, scholarship or reimbursement, etc.):

The information may only be released to the following person(s) or organizations(s):

_____ Est. 1947

Please be advised the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g) requires the information so disclosed to you may not be released by you to another party without the further written consent of the student. Failure to heed this obligation may mean that Texas Southern University would be prohibited from releasing any student record information to you for a period of five years. (See 34 C.F.R. 99.33)

I hereby grant authorization to Texas Southern University to release my above referenced education records to the party listed on this form.

Student's Signature

Date