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: 01 01 2005
Last First Middle *Month Day Year*

Current address: _____
Street

_____
City State Zip

Date of birth: _____ Social security number: _____
Month Day Yaer

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):

_____

_____

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.

Click here to Print

_____ _____

Student's Signature **Date**