TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

STUDENT CONSENT TO RELEASE EDUCATION RECORDS

The Family Education Rights and Privacy Act of 1974 (FERPA) provides for the confidentiality of student education records. An educational institution may not disclose information about a student nor permit inspection of a student's records without the student's permission unless such action is covered by certain exceptions under FERPA.

THIS AUTHORIZATION MAY BE REVOKED AT ANY TIME.

Please Print or Type	
Student Name:	Student ID Number:
Address: City/State/Zip Code:	School: Classification:
Telephone Number: Cell Phone (if available):	Email:

Person(s) or organization(s) to whom or to which records are to be released or disclosed, including the name, address, city/state/zip code, and telephone number of the person(s) or organization(s), and the person(s) or organization(s) relationship to student:

_____

_____

Item or Items that are to be released or disclosed (specify what is to be released):

_____

_____

Purpose or purposes for release or disclosure of educational records:

_____

_____

I hereby give my consent and grant authorization to Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso), including, but not limited to Administrators, Faculty and Staff thereof, to release or disclose the educational records specified above to the party or parties named above. I further authorize that TTUHSC El Paso may discuss the information contained in the specified records with the authorized recipient(s). I hereby waive all provisions of the law and privileges related to the records described in this disclosure.

I understand that I have the right not to consent to the release of my education records; I have the right to receive a copy of such records, upon request; and that this consent shall remain in effect until revoked by me, in writing and delivered to the Registrar's Office or a designee thereof (5001 El Paso Drive, El Paso, Texas, 79905) prior to receipt of any such written revocation.

I certify that I am over 18 years of age and have given my consent freely and voluntarily.

A signed copy of this Authorization may be used to the same extent as an original.

_____   _____
Student's Signature   Date Signed

_____   _____
Witness Signature   Witness Printed Name