



**CONSENT TO RELEASE FERPA-PROTECTED STUDENT INFORMATION**

**PARENT/GUARDIAN FORM: COPY OF FEDERAL TAX RETURN IS REQUIRED**

(Note: this Consent does **not** cover medical records held solely by the College Health Center or the Counseling Center – contact those offices for consent forms.)

**TO:** \_\_\_\_\_(Name of College Official and Dept.)

Please provide information from the educational records of:

Student Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Name(s) & Address(s) )

**Information to be released under this consent:**

\_\_\_\_ Recommendations for employment or admission to other schools

\_\_\_\_ Transcript

\_\_\_\_ Disciplinary records

\_\_\_\_ All records

\_\_\_\_ Other (Specify) \_\_\_\_\_

I understand the information will be released in the form of copies of written records. I hereby affirm that \_\_\_\_\_(name of student) is listed as a dependent on my most recently filed, personal federal tax return. **A copy of my most recent federal tax return is attached.**

Name (print) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THE STATE OF TEXAS**

**COUNTY OF** \_\_\_\_\_

**BEFORE ME**, a Notary Public, on this day personally appeared, \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF TEXAS  
(PERSONALIZED SEAL)**

\_\_\_\_\_  
(Print name of Notary Public)

**\*\* In lieu of a notary’s certification, a photocopy of a current, valid picture I.D. must accompany this form. Indicate if a photocopy of a current, valid picture I.D. is attached.**