Form No. OGC-SF-2006-02

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I _____ hereby voluntarily authorize officials in the
[Print Name of Student]
University of Houston - Click Here to Select One identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- ☐ Office of the University Registrar
- ☐ Scholarships and Financial Aid
- ☐ Student Financial Services
- ☐ Undergraduate Scholars @ UH (formally USD)
- ☐ University Advancement
- ☐ Dean of Students Office
- ☐ Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information. (Please check the box or boxes that apply):

- ☐ Academic Advising Profile/Information
- ☐ Academic Records
- ☐ All University Records
- ☐ Billing/Financial Aid
- ☐ Disciplinary
- ☐ Grades/Transcripts
- ☐ Housing
- ☐ Photos
- ☐ Scholarship and/or Honors
- ☐ Other (Please Specify) _____

This information may be released to: _____
[Print Name(s) of Individual(s) To Whom University May Disclose Information]
_____ for the purpose of informing:
[List Additional Individuals if Necessary]

- ☐ Family
- ☐ Educational Institution
- ☐ Honor or Award
- ☐ Employer/Prospective Employer
- ☐ Public or Media of Scholarship
- ☐ Other (Please Specify) _____

Please provide a password to obtain information via the phone:_____. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

_____ _____
Student Name [please print] PeopleSoft I.D. Number

_____ _____
Student Signature Date

Please Retain a Copy for your Records
Document may be Submitted to Registrar's Office

Note: Modification of this Form requires approval of OGC