

**Consent to Disclose Education Records**  
(to be completed by student)

I am/was a student at the University of Houston. I hereby give my voluntary consent to officials of University to disclose the following records from my education records: (describe the records to be disclosed: e.g. "all records," "disciplinary records," "transcripts," etc.)

The disclosure of the records listed above may be made to \_\_\_\_\_

\_\_\_\_\_ for the purpose of \_\_\_\_\_.

I understand that under the Federal Educational Rights and Privacy Act (FERPA) I have the right to receive copies of the records disclosed pursuant to this consent. I also understand that University may charge me a reasonable fee (currently \$0.10/page) for such copies.

I wish to receive copies of the records that are disclosed pursuant to this consent.

I do not wish to receive copies of the records that are disclosed pursuant to this consent.

\_\_\_\_\_  
Signature of student/former student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #

**Note: Modification of this Form requires approval of OGC**