



**AUTHORIZATION TO RELEASE
STUDENT RECORDS/INFORMATION**

*This form is required to be submitted to the Registrar's Office for
Tarleton State University to discuss your records/information with another person.*

Student Name (PRINT) _____

Student ID or SSN _____

Release Information to (PRINT): _____

Indicate all items you approve for discussion by placing your ***initials*** in the appropriate boxes below.

	All Information Listed Below
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Or Initial Individual Items

	Account Balance/Payments		Disciplinary Sanctions
	Holds on Account		Financial Aid Information
	All Test Scores		Grade(s) Information
	Class Schedule/Enrollment		Graduation Information
	Other - Describe:		

Release of information for disabilities may be obtained by contacting the office of Student Disability Services.

Authorization Statement:

I hereby authorize Tarleton State University to release the information indicated to the designated person(s) listed who may request approved information and provide proper identification. I understand the designated person(s) may receive or discuss information but not conduct university business on my behalf. *This consent may be revoked at any time by notifying the Registrar's Office in writing.*

**I declare this authorization will expire on _____ (month/date/year)
and after this date, information will no longer be released to the designated person(s).**

*****Invalid without a specific month, date and year. "Never" and "No Expiration Date" are invalid.**
If a specific date is not stated, the authorization will expire one year from the date initiated.***

Signature of Student _____ Date _____

*Student must present a picture ID and sign this form in the presence of a Tarleton State University employee.**

TSU Representative Signature _____ Date _____

TSU Representative Name _____ Department _____

*If travel to one of the Tarleton State University campuses is not possible, this form may be signed in the presence of a notary. It must be signed and stamped by the notary and may be mailed to the Registrar's Office at Box T-0620, Stephenville, TX 76402, emailed to registrar@tarleton.edu or faxed to 254-968-9389.

Signature of Notary _____ Date _____ Stamp: _____

Updated 04/17

<u>Registrar Use</u>
Processed By: _____
Date: _____