FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
RELEASE OF EDUCATIONAL RECORDS TO THIRD PARTY
EAST TEXAS BAPTIST UNIVERSITY

East Texas Baptist University is committed to complying with the ***Family Educational Rights and Privacy Act*** of 1974. Certain student information has been determined as public information under the terms of the act. This may include release of name, address, telephone number, e-mail address, date and place of birth, major field of study, participation in university sports and activities, weight and height of athletic team members, dates of attendance, degrees and awards received, and previous educational institutions attended. **Academic, financial, and disciplinary information may not be released without the express written consent of the student. Complete this form to allow any other person(s) access to your academic, financial, and/or disciplinary information**.

STUDENT'S NAME (Print legibly):_____ SSN_____
First Middle Last (For verification of records)

CURRENT ADDRESS: _____
Street City State Zip Code

TELEPHONE WHERE YOU CAN BE REACHED: _____

Please allow the following person(s) access to records as indicated below. Records may include but are not limited to:
Academic Records - transcript, grades, grade point average, courses taken, and/or courses required.
Financial Aid/Business Office Records – financial aid, course load, and statement of account.
Disciplinary Records – discipline/housing fines, disciplinary probation, and work assignments.
RELEASE TO (third party name):

1. _____ RELATIONSHIP: _____
First Middle Last

2. _____ RELATIONSHIP: _____
First Middle Last

3. _____ RELATIONSHIP: _____
First Middle Last

IS THIS A PERMANENT* RELEASE? ☐ YES ☐ NO A ONE TIME ONLY RELEASE? ☐YES ☐ NO

**This release is considered permanent until rescinded in writing by the student.*

PASSWORD - Please list your high school+ mascot here:_____
IF SEEKING INFORMATION BY PHONE, THIRD PARTIES WILL BE ASKED TO IDENTIFY THE MASCOT LISTED.
+ Home-schooled students, please discuss this with the ETBU Staff member accepting your form.

RELEASE IS FOR (CHECK ALL THAT APPLY):

☐ACADEMIC RECORDS / OFFICE OF THE REGISTRAR & ACADEMIC AFFAIRS

☐FINANCIAL AID RECORDS / FINANCIAL AID OFFICE

☐BUSINESS OFFICE RECORDS / FINANCIAL SERVICES

☐DISCIPLINARY RECORDS / STUDENT SERVICE OFFICE

SIGNATURE: _____ DATE: _____
ETBU staff in one of the offices listed above must witness the student's signature on this form. The University reserves the right to verify signatures against existing records.

THIS FORM MUST BE NOTARIZED IF RETURNED BY MAIL.

State of _____County of _____Signed before me this _____day of _____ 20_____.

My commission expires_____.

Signature_____

FERPA Release5/2004