

# FERPA Release Waiver

It is the policy of Huston-Tillotson University (HT), in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as enrollment, academic honors, and degrees, may be disclosed to the public. However, private information, such as address, phone number, grades, class schedules, the student's account, and financial aid awards, may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, authorize Huston-Tillotson University to release the following educational records, upon request, to the persons listed below, for the purpose of facilitating the financial aid process, assisting in satisfying outstanding financial aid requirements, addressing any outstanding balances owed to Huston-Tillotson University, and all other educational.

Please initial all that apply:

- All academic/educational records
- All Financial Aid Information  
(Including but not limited to financial aid status and award (amounts, types of awards, etc.); outstanding financial aid documents; contents of FAFSA application; contents of financial aid documents; current state and amount of charges; all Residence Life, meal plan, Access Orientation, and related student services fees)
- All contact information
- All Student Conduct/Disciplinary Records
- Other \_\_\_\_\_

Person(s) to whom information may be released:

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Their e-mail address: \_\_\_\_\_

Their date of birth (XX/XX/XXXX): \_\_\_\_/\_\_\_\_/\_\_\_\_ Their Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Their e-mail address: \_\_\_\_\_

Their date of birth (XX/XX/XXXX): \_\_\_\_/\_\_\_\_/\_\_\_\_ Their Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Their e-mail address: \_\_\_\_\_

Their date of birth (XX/XX/XXXX): \_\_\_\_/\_\_\_\_/\_\_\_\_ Their Social Security Number (last 4 digits only): XXX-XX-\_\_\_\_

The purpose of this release is to convey information relative to my enrollment at Huston-Tillotson University. I acknowledge by my signature that I understand, under the Family Educational Rights and Privacy Act (FERPA), I have the right not to consent to the release of my educational records. I am giving my consent to release the designated information to the above-named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Huston-Tillotson University.

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

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