



UNIVERSITY
ST. THOMAS
HOUSTON

Student Consent to Release Information

Office of the Registrar

Date: _____

Name: _____

Student ID# _____

Signature: _____

Phone Number: _____

A. FERPA

Understanding my privacy rights under FERPA as indicated on the Registrar's web page at http://www.stthom.edu/Offices_Services/Offices/Office_of_the_Registrar/FERPA/Index.aqf, I consent to giving access to the information contained in my education records to the following individual(s). I understand that this allows the following individuals access to view my records but not to act on my behalf, as with a Power of Attorney.

B. Designated Individuals

Name of Individual	Date of Birth (MM/DD/YYYY)	Relationship

I understand that this access will continue until I revoke this access in writing by submitting the Student Revocation of Access form to the Registrar's office.

C. After all signatures have been obtained, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY