



UNIVERSITY OF  
ST. THOMAS

## 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](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)

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