AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

Ι	hereby voluntarily authorize officials in the
[Print Name of Student] University of Houston	
Scholarships and Financial Aid	
Student Financial Services	
Undergraduate Scholars @ UH (formally USD)	
University Advancement	
Dean of Students Office	
Other (Please Specify)	
Specifically, I authorize disclosure of the following information boxes that apply): Grades/Transcripts	tion or category of information. (Please check the box or
Financial Aid	
Disciplinary	
Housing	
Scholarship and/or Honors	
Photos	
Academic Records	
All University Records	
Billing	
Other (Please Specify)	
This information may be released to:	vidual(s) To Whom University May Disclose Information]
[List Additional Individuals if Necessary]	for the purpose of informing:
Family	
Educational Institution	
Honor or Award	
Employer/Prospective Employer	
Public or Media of Scholarship	

__ Other (Please Specify) ____

Please provide a password to obtain information via the phone:______. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Name [please print]

PeopleSoft I.D. Number

Student Signature

Date

Please Retain a Copy for your Records Document may be Submitted to Registrar's Office FERPA Authorization Form OGC-SF-2006-02 Revised 10.06.2014 Page 1 of 1

Note: Modification of this Form requires approval of OGC