

**STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**  
UNIVERSITY OF NORTH TEXAS AT DALLAS  
OFFICE OF THE REGISTRAR

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
---	----------------------	----------------

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to student concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar (or appropriate office) allowing the release of their education records to specified third parties. Please note that while this form authorizes UNT Dallas to release education records to third parties, it does not obligate UNT Dallas to do so. UNT Dallas reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the UNT Dallas policy site at registrar.untdallas.edu/ferpa or the US Department of Education’s website at <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**SECTION A. Education records to be released (check all that apply):**

- Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information** (awards, application data, disbursements, billing and repayment history [including credit reporting history] communication history, balances, collection activity)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
- All Records Listed Above**
- Other** (please specify): \_\_\_\_\_

**SECTION B. Person(s) to whom access to education records may be provided**

\_\_\_\_\_

Name(s) of person(s) to whom access may be provided (use additional pages if necessary)

\_\_\_\_\_

Address(es) of person(s) to whom access to records of student may be provided	Relationship to Student
---	-------------------------

**SECTION C. Duration of release (check one):**

- One-Time Use:** This authorization can only be used once.
- Limited Use:** This authorization expires on: \_\_\_\_\_

**Section D. Purpose of release (check one):**

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other**

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at anytime by delivering a written revocation to the Office of the Registrar.

_____ Student’s Signature	(Date)	_____ Signature of Parent or Guardian (if under 18)	(Date)
------------------------------	--------	--	--------

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely
2. Completed forms should be submitted to the Office of the Registrar