



AUTHORIZATION FOR RELEASE OF STUDENT EDUCATION RECORDS

Updated: 11/6/2014

The Family Educational Rights and Privacy Act, as amended (FERPA), allows you, as a student at an institution of higher education, to control outside access to your education records, including requests for information from your parents or other family members. Without your written consent, SAGU may not disclose information from your educational records to outside third parties except as provided under FERPA. This also prevents school offices from releasing your personal information to you over the phone. You can provide a standing release allowing SAGU to disclose information to yourself over the phone or to other persons contacting us on your behalf. To do so the following declaration must be completed.

This form, when completed, authorizes the person(s) below to receive verbal disclosure of your educational records. In addition to giving consent, you must assign a unique password for yourself and for each person whom you authorize to receive such disclosures about your records. You are responsible for communicating that password to the person or persons you authorize below.

Student's Legal Name: _____ SS# XXX-XX-_____
First Name, Middle Name, Last Name

Student's Unique Password (This is not your mySAGU password. This is your privacy password.):

Create a unique password that SAGU can use to verbally verify identity for the release of information contained in student records.

Check this box if you only want to use the Privacy Password listed above for yourself and you do not wish to give access to anyone else. If this box is checked, SAGU will only use this password when working directly with the student. Be sure to sign this form at the bottom.

I, the above-named student, authorize representatives of SAGU to disclose information in my education records to the person(s) listed below. I understand that education records are all records maintained by the school. I am only consenting to verbal disclosure of the following: academic records, accounting records, financial aid records, and student discipline records.

- 1. Person's Printed Name: _____
Person's Relationship to Student: _____
2. Person's Printed Name: _____
Person's Relationship to Student: _____
3. Person's Printed Name: _____
Person's Relationship to Student: _____

I understand that this release is in effect until revoked by myself in writing.

Student's Signature: _____ Date: _____

SAGU
1200 Sycamore
Waxahachie, TX 75165
If returned via email, please send from Lionmail Account.

Office Use Only:
Processed: _____
Scanned: _____ Date: ___/___/___