

**COLLEGE OF LIBERAL ARTS  
TEXAS STATE UNIVERSITY-SAN MARCOS  
RELEASE OF EDUCATION RECORDS FORM**

Student Name \_\_\_\_\_

Student ID# or SS# \_\_\_\_\_

Records to be released \_\_\_\_\_

\_\_\_\_\_

Purpose of release \_\_\_\_\_

\_\_\_\_\_

Records Disclosed to (name and relationship to student)

\_\_\_\_\_

Name of University representative \_\_\_\_\_

Title of University representative \_\_\_\_\_

College/Department \_\_\_\_\_

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I voluntarily give my consent for Texas State University-San Marcos to disclose the personally identifiable information listed above from my education records to the party listed above. I understand that this consent is for a term of one long semester and after the term expires, I must re-authorize consent to disclose any information from my education records to any other party other than myself.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date