

Student Authorization Release Form

Student Consent for Disclosure of Educational Records from Concordia University Texas

In order to comply with federal laws dealing with confidentiality of official student records (**Family Educational Rights and Privacy Act—FERPA**), you, the student, must sign a release if you wish to authorize the release of PII (*personally identifiable information*) contained in your educational records.

IMPORTANT— Person receiving record(s) must present his or her official identification!

I _____, consent to the release of *personally identifiable information* in my student records at **Concordia University Texas**. I further understand that these records will be kept strictly confidential by all parties to whom access is granted. I understand that I have the right not to consent to the release of information in my student records, and that I may revoke this consent at any time by giving written notice to **Concordia University Texas**, a member of the Austin College Access Network (**ACAN**).

List Educational or Other Record(s) to be Disclosed:

- ALL of my records** including, but not limited to, demographic data, grades, test scores, transcripts, diplomas and other personal and/or confidential information.
- Specific Record(s) Released _____

Purpose of Disclosure:

- I understand that this requested information is to be used to strengthen and improve practice among the network of service providers, district college-readiness personnel and college student services practitioners to help Texas students who are traditionally under-represented in higher education become college-ready, gain access to, and succeed in their postsecondary aspirations. I understand that this information will be shared with the participating ACAN member organization only. Participating ACAN members include, but are not limited to: **Austin Partners in Education, Breakthrough Austin, College Forward, Con Mi Madre, Communities In Schools, Hispanic Scholarship Consortium, and KIPP Public Schools**.
- Other _____

Term of Disclosure:

- I understand that this authorization will remain in effect until I revoke it in writing.
- Other _____

I hereby affirm that I have read this release form, and give permission to the release of my PII (personally identifiable information).

Print Student Name

Alternate ID given by Institution

Signature of Student

Date

Signature of Parent or Guardian, (if student is under 18 years of age)

Date