



Office of the Registrar
Permission To Release Education Record Information

Date _____

I hereby authorize West Texas A&M University to release my educational record information to:

1. Name _____ Relationship _____

Identified by: _____

2. Name _____ Relationship _____

Identified by: _____

If person(s) named above are not your parent(s), how are they related to you? _____

The released information will be for the purpose of _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other person or entities without my written consent.

Student's WT ID or Social Security Number _____

Student's printed name _____

Student signature (required) _____