

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I _____ hereby voluntarily authorize officials in the
[Print Name of Student]
University of Houston - Main _____ identified below to disclose personally identifiable
information from my educational records. (Please check the box or boxes that apply):

Office of the University Registrar
 Scholarships and Financial Aid
 Student Business Services
 University Advancement
 Dean of Students Office
 Other (Please Specify)
 Staff Council, Human Resources

Specifically, I authorize disclosure of the following information or category of information. (Please check the box or boxes that apply):

Academic Advising Profile/Information
 Academic Records
 All University Records
 Billing/Financial Aid
 Disciplinary
 Grades/Transcripts
 Housing
 Photos
 Scholarship and/or Honors
 Other (Please Specify) Enrollment verification, GPA, degree(s), UH employment verification

This information may be released to: UH Staff Council (Scholarships & Advancement Committee)
[Print Name(s) of Individual(s) To Whom University May Disclose Information] for the purpose of informing:

[List Additional Individuals if Necessary]
 Family
 Educational Institution
 Honor or Award
 Employer/Prospective Employer
 Public or Media of Scholarship
 Other (Please Specify) UH Staff Council

Please provide a password to obtain information via the phone: _____. The password
should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed
above. The University will not release information to the caller if the caller does not have the password. A new
form must be completed to change your password.

**This is to attest that I am the student signing this form. I understand the information may be released
orally or in the form of copies of written records, as preferred by the requester. This authorization will
remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s)
identified above.**

Student Name [please print]

PeopleSoft I.D. Number

Student Signature

Date