

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), 20 U.S.C. § 1232g; 34 C.F.R § 99.30

TO: TEXAS EDUCATION AGENCY
Public Information Request Office
1701 North Congress Avenue
Austin, Texas 78701

FROM: _____
Parent* or Eligible Student** Name

Address

City State Zip Code
()

Telephone

E-Mail Address

I authorize TEA to disclose personally identifiable information from the education records of:

PRINT Student Full Name While Enrolled in Texas Public Schools
(First Name, Middle Name (if applicable), Last Name)

_____/_____/_____
Date of Birth

X X X - X X -
Last Four Digits of Social Security Number (SSN)

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