

Consent to Disclose Education Records

Registrar's Office • One Camino Santa Maria • San Antonio, Texas 78228-8576 210-431-6789 • registrar@stmarytx.edu • www.stmarytx.edu/registrar

Printed Name of Student:		Student ID Number:			
The Office of the Registrar at students. Student education (FERPA) of 1974, as amender as provided under FERPA. The Registrar.	records are governed by d. This consent shall be consent shall be consent shall be really authorization can be re	the provisions of the Fam onsidered as a waiver of a evoked by me at any time	ily Educational Rights ar ny and all of my rights a with written consent to	nd Privacy Act nd/or privileges	
By signing this form, I permi	it the following parties ac	ccess to my education rec	ords:		
Print Name:		Relationship:			
Print Name:		Relationship:			
Print Name:		F	Relationship:		
☐ Academic Transcripts ☐ Disciplinary Records	☐ Grades/GPA ☐ Other (please spec	☐ Class Attendance			
I understand that by submitt Privacy Act (FERPA) as they we the Registrar and is only valid I understand that this author	would apply to the parties d for the release of educa	s indicated above. This cortion records.	sent form is only utilize		
By signing this consent form under FERPA. I further agree free and harmless from any	, I knowingly and willingly to hold St. Mary's Univer	waive all privacy and con rsity, its officers, employed	fidentiality rights to whi	nts, and assigns	
Student's Signature:		Date:			
Witnessed By:		Ti	tle:		

THIS FORM MUST BE PRINTED, HAND-SIGNED AND DELIVERED TO THE OFFICE OF THE REGISTRAR WITH YOUR ST. MARY'S ID CARD. ALTERNATIVELY, THIS FORM MAY BE SUBMITTED ELECTRONICALLY IF NOTORIZED.