

**AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS**  
**TYLER COUNTY SCHOOLS**

Student Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street  
\_\_\_\_\_  
                    City                                    State                                    Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Releasing Records: \_\_\_\_\_  
\_\_\_\_\_

I understand that some or all of my records may be protected under FERPA and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to my educational records with respect to the above-stated purpose. I certify that this consent and authorization has been given freely, voluntarily and with a full understanding of my rights. An exact photocopy or other mechanical reproduction of this authorization may be used.

Pursuant to the provisions of FERPA, I, hereby authorize the disclosure of all protected educational records to be released to the following entity.

RELEASE RECORDS TO: \_\_\_\_\_  
                                    Name of Person or Business  
\_\_\_\_\_  
                                    Address  
\_\_\_\_\_  
                                    City                                    State                                    Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_