

Received by:

Student Information Release Authorization

Office of the University Registrar

Banner ID Last Name		First Name				MI Date of Birth		
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Mailing A	Address		City, State	, Zıp		Pnon	e Number	
TAMIU	Email	Clas	sification	College	Degree	I	Major / Minor	
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authorization to releast authorization at any t designee you name or	ted form to the Office of the ease information has I time by sending a written this form, this release a record. However, it is Util.	NO EXPIR en request to overrides a	RATION DA to the same all FERPA d	ATE; hower office stated irectory sup	ver, you ma l above. NO pression in	ny revo DTE: F forma	oke your For the third party tion that you have	
	rganization to release in							
Current Address:	(if person):	Re Ci	elation to St ty:	udent:	State:_		Zip:	
Information to releas Grades	e: (check one or more) GPA (cumulativ	ve)	GPA (term))	ident ID Nu	ımber		
Access to A	ALL student records m	aintained b	y the Regist	trar's Office				
Student fir	nancial aid information		Student bala	ance and pa	yment info	rmatic	on	
Other (plea	ase be specific):							
X	- · · · · ·							
Student's Signature		Date						
		Registrar's	Office Use Only	,				

/ Processed by:__

Date: