



**TEXAS A&M INTERNATIONAL UNIVERSITY**  
A Member of The Texas A&M University System

**College of Education**

**FERPA CONSENT TO RELEASE EDUCATIONAL RECORDS**

**This release represents your written consent to permit the university to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.**

I, \_\_\_\_\_ [print full name] AM / WAS [circle one]  
a student at Texas A&M International University (TAMIU) in the College of Education and hereby give my voluntary consent to university officials:

- A. To disclose the following records:
- Records relating to any of my field-based experiences
  - Records relating to my performance in the field
  - Records relating to certification exams
- B. To the following person(s):
- School districts or other agencies association with field-based experiences
  - School-based/Agency-based administrators
  - School-based/Agency-based mentors
  - TAMIU faculty
- C. These records are being released for the purpose of:
- Conversing and reviewing performance
  - Acquiring feedback
  - Procuring required signatures

**I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 1232g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the College of Education) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any clinical or field-based experiences.**

\_\_\_\_\_  
Signature of Student/Former Student

\_\_\_\_\_  
Date

Student Id. No.: \_\_\_\_\_

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

Student’s Telephone No.: \_\_\_\_\_