

**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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