

Dual Enrollment Consent to Release Student Information

Student Name (PRINT):							SWTX ID:		
by t U.S. pers desi	he I C. 1 son. gna	Fam 1232 Th ted	nily Educational Rights & Privace 2 (g), regulations 34 CFR Part 9 is form will allow the specified below.	y Act (FE 99. With office(s)	RPA). out au to rel	FERPA is uthorizat ease spe	also known a ion, we canno ecific informati	ucational is confidential and protected is the Buckley amendment, Statute 20 of release any information to another ion about you to the individual(s) you to release information regarding my	
-	ount	_	Student Information Option			Descrip			
			Business Office	В		 Account balance, charges and credits Past due balances Third party sponsorship 1098T 			
			Financial Aid	F •		• Finan • Awar	cial Aid applica d information ng documents	ation	
			Academic Records	А	A • Vete • Acad		ent enrollment ran's benefits emic records Grades ichedule		
Please circle the appropriate box(es) for each person you wish to have access to the above information on your account. This form does not authorize any third party to access a student's online account. If you seek to release only very specific information, please check here and attach a letter with the specific request. Letter Attached Coptions Name Relationship Phone Number Address City, State, Zip City, State, Zip									
B F A		Α						City, State, 2ip	
В	F	A							
В	F	Α							
Dual Enrollment Student Signature								Date	
High School Counselor Signature							Date		
Processed by: SWTX Signature: Date:								Date:	