

Texas A&M University-Commerce  
Office of Student Disability Resources and Services  
**FERPA Consent to Release Student Information**

Student Name: \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I, the undersigned, hereby authorize the office of Student Disability Resources and Services at Texas A&M University-Commerce to release the following educational records and information (identify records or types of records):  
All information regarding my eligibility, accommodations, and services.

To:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

for the purpose of: determining my eligibility and to plan for or provide accommodations and services.

I understand further that (1) I have the right to revoke this consent prospectively; (2) I have the right to receive a copy of such records upon request (except for documentation received marked otherwise). I have received a copy of the Texas A&M University-Commerce FERPA informational pamphlet.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\*Please note that copies of this FERPA release are not kept on file in other offices of Texas A&M University-Commerce. You must contact additional offices to request a release of information.