



Division of Compliance and Investigations FERPA Release Form

**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
Complaints Management
1701 North Congress Avenue
Austin, Texas 78701
complaintsmanagement@tea.texas.gov

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

Release To:

Name Phone Number (if applicable)

Organization/Company Name (if applicable) Fax Number (if applicable)

Address E-Mail Address (if applicable)

City State Zip Code

Purpose for this disclosure (**REQUIRED**):

Signature of Parent* or Eligible Student** _____ Date _____

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