



RELEASE OF INFORMATION

Name _____ TCU ID # _____

The records that Student Access and Accommodation keeps about students are considered educational records and are governed by the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that protects the privacy of student's education records. Student Access and Accommodation may release information to the University on a "need to know" basis. This disclosure is based on legitimate educational reasons for the disclosure.

I hereby give my permission for Student Access & Accommodation to discuss my case and release relevant data to the following offices and/or individuals:

Initial in the blank all that apply:

- | | |
|---------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Course Instructors | <input type="checkbox"/> Athletic Academic Services |
| <input type="checkbox"/> Health Center | <input type="checkbox"/> Counseling, Testing & Mental Health Center |
| <input type="checkbox"/> Student Success | <input type="checkbox"/> Scholarship/Financial Aid Office |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Student Support Services |
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Housing and Residence Life |
| <input type="checkbox"/> Alcohol/Drug Education | <input type="checkbox"/> Study Abroad |
| <input type="checkbox"/> Religious & Spiritual Life | <input type="checkbox"/> Veterans' Certification Officer |
| <input type="checkbox"/> Sorority/Fraternity/Greek Life | <input type="checkbox"/> Campus Security |

Others, such as parents, treatment provider, diagnostician, counselor, high school counselor, other evaluators (specify):

Student Signature

____/____/____
Date

If submitted digitally, this form must be sent to the Student Access and Accommodation office via your TCU email.