



TEXAS A&M UNIVERSITY
SAN ANTONIO

OFFICE OF THE REGISTRAR

MAIN CAMPUS, SENATOR FRANK L. MADLA BUILDING
ONE UNIVERSITY WAY, SAN ANTONIO, TEXAS 78224
PHONE: (210) 784-1300 · FAX: (210) 784-1494

Instructions: This form is to be used by the student to grant access to their education records to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing.

The University maintains two types of student education records: directory information and other student records. Directory information is considered public information and will be released by the University upon request, in accordance with existing law. Any student who does not wish directory information released must submit the appropriate documentation indicating such with the Office of the Registrar.

In signing this waiver, I, _____, give access of all education records at Texas A&M University-San Antonio to the individual(s) listed below. I hold the authority to revoke this waiver at any time.

PLEASE PRINT CLEARLY (P=Parent, G=Guardian, S=Spouse, O=Other)

Release to Cancel Release _____ Relationship: P G S O
Name

Release to Cancel Release _____ Relationship: P G S O
Name

Release to Cancel Release _____ Relationship: P G S O
Name

Release to Cancel Release _____ Relationship: P G S O
Name

I understand that this request is permanent and will remain in effect until I request in writing that the information be removed.

Student name

Student signature

Student ID

Date

For the Registrar's Office Use Only

Processed by: _____ Date: _____
