

## FERPA Consent to Release Educational Records and Information

This release represents your written consent to permit Texas A&M University, College of Education and Human Development (CEHD) to disclose educational records and any information contained therein to the specific individual(s) identified below. This consent to release is an exercise of your rights under FERPA to share your records with your written permission and your signature (electronic signature using your UIN) allows the CEHD to facilitate your admission into (field-based experiences, upper-level coursework) including all field-based experiences, observation, clinical teaching, student teaching, or internship. Read this document carefully and fill in all blanks.

I, \_\_\_\_\_ (insert full name) am a candidate at the College of Education and Human Development (CEHD) at Texas A&M University and hereby give my voluntary consent to officials:

**A. To disclose the following records:**

- Records relating to any of my field-based experiences
- Records relating to my performance in the field
- TExES test score results

**B. To the following person(s):**

- School districts or other agencies associated with field-based experiences
- School-based / Agency-based administrators
- School-based / Agency-based cooperating teachers/mentors
- Program faculty

**C. These records are being released for the purpose of:**

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures

I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” 20 USC 123g; 34 CFR §99; commonly known as the “Buckley Amendment”) no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the educator preparation program) except to the extent that action has already been taken upon this release. Further, without such a release, I am unable to participate in any field-based experiences including 30 clock hours of observation, clinical teaching, student teaching, or internship.

\_\_\_\_\_  
Signature of Candidate

Date: \_\_\_\_\_

Student UIN or TEA ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_