

Dean of Arts & Sciences at San Antonio College
FEDERAL TEXAS EDUCATION RECORDS PRIVACY ACT WAIVER

Instructions to Student: Print off this form. Complete in full (blue or black ink).

I, _____, _____, authorize and request that

(PRINT YOUR NAME)

(PRINT YOUR SSN/SID)

_____ who is my _____

(PRINT FULL NAME OF PERSON)

(STATE RELATIONSHIP TO YOU)

be given access to my personal student account information regarding:

(STATE THE SPECIFIC ISSUE, ACTION, OR SUBJECT MATTER)

For the expressed purpose of

I revoke my civil rights protection of the [Federal Educational Records Privacy Act of 1974](#).

I understand that in signing this release, I am waiving my civil rights and will not hold San Antonio College and the Alamo Colleges, nor any of the employees individually liable for actions not in accordance with my wishes and/or disclosure of my personal information or subsequent use of that information.

I revoke my civil right because I am currently: Deployed Incarcerated Hospitalized

Other: _____

Student Signature

Date

Official supporting documentation must accompany this request. Picture ID required at time of presentation of this request. No fax accepted.