

Student's Consent for SMU to Release Information to Student's Specified Third-Party – AR2450E

SMU ID: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act of 1974, also known as FERPA and/or The Buckley Amendment of 1974, as amended, grants students attending post-secondary institutions certain rights and privacies regarding their education records. By submitting this form, the student may consent to release his/her education records and/or other information to a third-party for a defined purpose. A new form must be submitted for each request.

I, the above-named student, hereby request the release/disclosure of my education records/information, as **specifically identified** here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This release/disclosure may be made to (*identify the party or class of parties*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This release/disclosure is for the following purpose:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Furthermore, I hereby release Southern Methodist University, its Trustees, Officers, Employees, including the University Registrar, Agents or Assigns, from any and all liability for release of the above-named records/information.

Name (*print*): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Last Term Enrolled: \_\_\_\_\_

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

Please submit this form, preferably in person, to the SMU University Registrar's Office, Laura Lee Blanton Building, 6185 Airline Rd., Dallas, TX. A valid photo ID is required for verification. This form may also be mailed to the SMU University Registrar's Office, P.O. Box 750181, Dallas, TX 75275-0181, or faxed to 214.768.2507. When mailing or faxing this form, a copy of valid ID with signature must be included.

**FOR OFFICE USE ONLY:**  
Registrar's Staff Processing: \_\_\_\_\_ Date: \_\_\_\_\_