

## FERPA Consent to Release Educational Records and Information

*This release represents your written consent to permit Our Lady of the Lake University to disclose educational records and any information contained therein to the specific individual(s) identified below. Please read this document carefully and fill in all blanks.*

I, \_\_\_\_\_ **[print full name]** am a candidate at Our Lady of the Lake University and hereby give my voluntary consent to officials:

A. To disclose the following records:

- Records relating to any of my field-based and/or clinical teaching experiences/performance
- 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
- Provost (VPAA)
- Associate (VPAA)
- Dean: School of Professional Studies/Worden School of Social Services
- Program Faculty: Chair, Education Department
- Program Faculty: Director of Field Experience
- Program Faculty: Advisor
- Program Faculty: University Supervisor
- Certification Officer
- Registrars Office
- Program faculty
- Compliance Officer
- ADA Coordinator

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

- Conversing and reviewing performance
- Acquiring feedback
- Procuring required signatures
- Recommendation for Probationary Certificate and Renewal
- Recommendation for 5-year Standard Certificate
- State Accountability Reports

**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: \_\_\_\_\_

Candidate TEA ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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