THE UNIVERSITY OF TEXAS AT AUSTIN

Office of the Dean of Students | Student Services Building 4.104 100 West Dean Keeton Street A5800 | Austin TX 78712-1100 | *Ph* 512 471-5017 | *Fax* 512 471-7833

Permission to Release Education Record Information

I hereby authorize The University of Texas at Austin personnel to release to The University of Texas (UT) System, the Texas Higher Education Coordinating Board (THECB), and the Office of the Governor, my application packet (including all accompanying education records and other academic information) for the UT System student regent position and/or the Non-Voting Student Representative position on the Board of THECB, as part of the application process for such positions.

Student Applicant Name (Print):_____

Student Applicant Signature:

Date: _____

Parental/Guardian consent – required only for student applicants under age 18.

Parent/Guardian Name (Print):_____

Parent/Guardian Signature:

Date: _____