

# THE UNIVERSITY OF TEXAS AT TYLER

3900 University Boulevard • Tyler, TX 75799 • (903) 566-7133



COLLEGE OF EDUCATION  
AND PSYCHOLOGY

School of Education

## The University of Texas at Tyler

### FERPA Consent to Release Educational Records and Information

(This form to be signed, dated, and submitted to the education advisor for admission to program.)

This release represents your written consent to permit The University of Texas at Tyler to disclose educational records and any information contained therein to the specific individuals identified in the following paragraphs.

I, \_\_\_\_\_ [print full name] am a candidate in the Educator Preparation Program at The University of Texas at Tyler and hereby give my voluntary consent to officials:

To share information within the School of Education for developmental purposes:

- Records relating to my performance in the field
- Records relating to certification exams

To the following person(s):

- School of Education program faculty and clinical supervisors
- The Office of Certification
- Deans and Department Chairs within my respective major and colleges
- Educators (i.e. administration and teachers) at the school location where I engage in field experiences and clinical teaching

These records are being released for the purpose of the following legitimate educational duties:

- Support and remediation on TExES exams
- Appropriate supervision for degree completion and certification support
- Recommendation for certification

I understand that under the Family Educational Rights and Privacy Act of 1974 (“FERPA” and 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 University of Texas at Tyler’s School of Education) 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 clinical teaching, student teaching or internship.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
UT Tyler Student ID

\_\_\_\_\_  
Email Address