

## Authorization for Release of Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), TEEX may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly and completely filled out.

### Student Information

Last Name	Suffix	First Name	Middle Initial	Maiden Name (if applicable)
Email Address		Contact Number	TEEX ID #	Date of Birth
				Last 4 of SSN
Street Address		City	State	Zip Code

### Indicate Which Records To Be Released

Wallet Card

Replacement OSHA Card(s)

### Individual/Organization To Receive Records

Individual or Organization Name	Attention (if organization receiving records)		
Mailing Address	City	State	Zip Code

### Acknowledgements

I understand there is a ten dollar (\$10.00) fee for each wallet card, a twenty-five dollar fee (\$25.00) for replacement OSHA cards, and TEEX may not release any information without my signed authorization below.

By sending your check, please be aware that you are authorizing TEEX to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of your check; no additional amount will be added to the amount and all transactions will remain secure. Please contact the Financial Services department at 979-458-6906 to learn about other payment options if you prefer not having your check processed as an electronic debit. We value your business and appreciate your selection of TEEX for your training needs.

### Payment Information

Request	Quantity	Total	Method of Payment (check one)	
Replacement Wallet Card(s)	<input type="text"/> x \$10.00	<input type="text"/>	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Replacement OSHA Card(s)	<input type="text"/> x \$25.00	<input type="text"/>	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Visa
	Total Charges	<input type="text"/>	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard
			<input type="checkbox"/> American Express	
Signature (required)		Date	Cardholder's Name (please print)	
			Billing Zip Code	
			Card Number	
			Expiration Date	

Return this signed form via fax to 979.458.1426, or via mail to TEEX, PO Box 40006, College Station, TX 77842-4006