



STUDENT INFORMATION

Name _____ UT EID _____
Email _____ Phone _____

INSTRUCTIONS

- STEP 1.** Complete the fillable Authorization and Release form in its entirety.
- STEP 2.** Sign the form on a hard copy or via DocuSign. Your request CANNOT be processed without a signature.
- STEP 3.** Submit your form via one of the following options:
 - Send via DocuSign: Please contact the Undergraduate Student Services office to initiate this process for you.
 - Email the completed form (from your official UTexas email address):
studentservices@ischool.utexas.edu.

STATEMENT

I, _____ (FULL NAME OF STUDENT), hereby authorize and request the School of Information at The University of Texas at Austin, or any of its representatives, to release any information, documents, and/or records related to academic matters to me, as well as the individual listed below.

Name of Individual

DATE OF EXPIRATION

This release expires at the end of the current semester Fall Spring Summer
_____, unless an earlier date is specified by student, Other _____.

This release is subject to revocation by student at any time but it is understood that information already shared cannot be revoked.

Signature **Date**

Notice concerning your information: the Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO BOX 8179, Austin, Texas, 78712 (email: cfo@www.utexas.edu).