



Student Educational Records and Information Release Form

Date: _____ Current Semester: _____

Student Name: _____

Student Social Security Number: _____

Person(s) Allowed Access to Student Records and Information:

Name: _____ SS# / DL#: _____

Name: _____ SS# / DL#: _____

Name: _____ SS# / DL#: _____

Name: _____ SS# / DL#: _____

By signing this form, the student is permitting the South Texas School of Christian Studies to release student educational records and information to the person(s) stated above for the semester noted above.

Student Signature: _____ Date: _____

**** Student signature required each semester for release of records to named person(s) above****