

Upon opening the attachment, read the FERPA Consent Release Educational Records and Information form in its entirety.

Scroll to page two and complete the fields with your information (*fields shown below in red*).

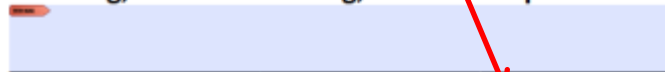
SECTION 1:

I, YOUR NAME (insert full name) am a candidate at the College of Education and Human Development (CEHD) at Texas A&M University and hereby give my voluntary consent to officials:

SECTION 2:

Note: you will *NOT* be able to fill in your name electronically for the Signature of Candidate. 'This consent to release is an exercise of your rights under FERPA to share your records with your written permission and your signature (*electronic signature using your UIN*).'

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USC 123g; 34 CFR §99; 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 educator preparation program) 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 30 clock hours of observation, clinical teaching, student teaching, or internship.



Signature of Candidate

Date: TODAY'S DATE

Student UIN or TEA ID Number: YOUR UIN

Date of Birth: YOUR BIRTHDAY

Student Email: YOUR EMAIL

Phone Number: YOUR PHONE

Once you complete the form, submit to the Clinical Teaching Office via:

- Save As (using your name as the file name) and email a copy as an attachment to clinical-teaching@tamu.edu.
- Print, scan and email to clinical-teaching@tamu.edu.