



**KEEP  
CALM  
AND  
AUDIT  
ON**



## **Educator Preparation Program and Certification**

School of Education, Lubbock Christian University  
5601 19<sup>th</sup> Street Lubbock, TX 79407  
806-720-7553 fax 806-928-3530

### **FERPA Consent to Release Educational Records and Information**

This release represents your written consent to permit the School of Education, Lubbock Christian University to disclose your educational records and any information contained therein to the individuals and entities identified below. Please read the document carefully before signing.

I, \_\_\_\_\_, am a candidate in the School of Education and hereby give my voluntary consent to officials:

- A. To disclose the following records:
  - 1. Records relating to any of my field-based experiences
  - 2. Records relating to my performance in the field
  - 3. Records relating to my attendance and participation in training sessions
  - 4. TExES test score results
- B. To the following person(s):
  - 1. School districts or other agencies associated with field-based experiences and the authorized XXX of same
  - 2. School-based Administrators and the authorized XXX of same
  - 3. School-based cooperating teachers/mentors
  - 4. Program faculty
- C. These records are being released for the purpose of:
  - 1. Conversing and reviewing performance
  - 2. Providing and acquiring feedback
  - 3. Procuring required signatures

I understand that under the Family Educational Rights and Privacy Act of 1974 ("FERPA" 20 USD 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 School of Education) except to the extent that action has already been taken upon the release. However, I also understand that the information and records described in this release may be disclosed to the persons listed for the purpose listed for me to participate in any field-based experiences, including hours of observation, student/clinical teaching, and/or internship.

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

\_\_\_\_\_  
Date

#### **Candidate Information:**

Name:

TEA ID:

Date of Birth:

Address:

Email(s):

Phone(s):