

Office of the University Registrar
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WAIVER OF RIGHTS TO ACCESS EDUCATIONAL RECORDS

Student Name: _____
Last First M.I. (Maiden)

Student ID: _____ Student SSN: _____

I hereby waive my right of access to confidential statements and recommendations which are contained in, or are a part of my educational records in the possession of or used by the following (list office(s) or department(s) you are requesting to waive your right and which types of documents):

Department/Office Document Type

Department/Office Document Type

Department/Office Document Type

This waiver, which I understand I am not obligated to sign, can only be revoked in writing. Upon revocation of this waiver, I understand that I may i39(mvem)-21(y72.024)-39(ofi-7(t 72.0h)0)-906(rig)