



Houston Community College
Alternative Teacher Certificate Program
Family Educational Rights and Privacy Act (FERPA)

Applicant Name _____ Student ID# _____

Phone Number _____ Email _____

Authorization for Release of Educational Records

This document serves as your written consent allowing Houston Community College (HCC) and the Alternative Teacher Certification Program (ATCP) to access and share your educational records with your current employer (ISD). Please read carefully and complete all required fields.

I, _____ (print full name), am a teacher candidate in HCC's ATCP and voluntarily consent to the release of the following records:

A. Records to be disclosed:

- Field-based experience records
- Performance evaluations from the field
- TExES test results (Pass/Fail)

B. Recipients of these records:

- School districts or agencies involved in field-based experiences
- Cooperating teachers/mentors at school or agency sites
- Program faculty.

C. Purpose of disclosure:

- Reviewing performance
- Receiving feedback
- Obtaining required signatures

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, students have rights regarding the privacy and access of their educational records. By completing this form, you authorize the release of your records to the specified recipients. Please note that counseling and disability services records are considered medical records and are not covered under FERPA.

I understand that my records may be shared electronically, verbally, or as written copies, depending on the requester's preference. This authorization remains in effect from the date of signing until I revoke it in writing and submit it to the ATCP office.

Student Signature _____

Date _____