



Name _____ UT EID _____

Email _____ Phone _____

INSTRUCTIONS

STEP 1. Complete the fillable Authorization and Release form in its entirety and print.

STEP 2. Sign the form. Your request CANNOT be processed without a signature.

STEP 3. Submit your form by one of the following methods:

- Fax: (512) 471-5393 – ATTN: Records
Call: (512) 471-4271 to confirm your fax has been received.
- Email: asklibby@austin.utexas.edu
A confirmation email will be sent when your form has been received.

STATEMENT

I, _____, hereby authorize and request the College of Liberal Arts at the
FULL NAME
University of Texas at Austin, or any of its representatives, to release any information, documents, and/or records related to academic matters to me, as well as the individual listed below.

FULL NAME OF INDIVIDUAL

This release expires at the end of the current semester Fall Spring Summer _____, unless an earlier date is specified by student, Other _____.

DATE OF EXPIRATION

SIGNATURE

DATE