



OFFICE OF ADMISSIONS AND RECORDS
Parental/Legal Guardian Affidavit
for Academic Information

www.harlingen.tstc.edu/admissions/index.aspx

1902 N. Loop 499 | Harlingen, TX 78550 | 956.364.4320 | 1.800.852.8784 | www.harlingen.tstc.edu

Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974" and based on the information below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Texas State Technical College.

I, \_\_\_\_\_, certify that \_\_\_\_\_ (Please print full name of student)

\_\_\_\_\_ is claimed on my Federal Income Tax form as my dependent. (Student ID Number)

Note: The above mentioned, student must be carried as a legal dependent on the Internal Revenue Service form. If this does not apply, the only way to receive this type of information is for the student to request, in writing, the academic information be sent to you. If the student is not being claimed, do not return this form. There will be no automatic mailing of grades or any other information, by the Registrar, to anyone other than the student without a written request.

I herby request the following documents(s) [Please specify document and semester]

Please indicate purpose of request: \_\_\_\_\_

I understand that I must make this request for information each time it is needed.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

For office use only:

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_