**Office of the Registrar**

**New Mexico Highlands University**

**Felix Martinez building, Suite 120**

**Permission to Contact via Text Message**

Requested By: Release To:

­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name University Official, Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID # Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Student Signature

 The Family Educational Rights and Privacy Act (FERPA), provides eligible students certain rights with respect to their education records, includ­ing the right to provide written consent before Highlands University discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure without a student’s consent.\* A student may grant permission for the student’s education records, and the personally identifiable information in those records, to be provided to a third party by completing this consent form. This release may not be used for the purpose of releasing a student’s medical and/or psychiatric records.