## LOYOLA MARYMOUNT UNIVERSITY – DISABILITY SUPPORT SERVICES 1 LMU Drive, Los Angeles, California 90045 AUTHORIZATION TO RELEASE/EXCHANGE STUDENT EDUCATION RECORDS/INFORMATION

STUDENT INFORMATION	
Student Name_	LMU Student ID #
Former Name (if any)	
Daytime Telephone	
INFORMATION TO BE RELEASED FROM:	
I hereby authorize LMU to release the education information and/o below. If the "Mutual Exchange of Information" box is checked be exchange the information and/or records identified below with Disa	
INFORMATION TO BE RELEASED/EXCHANGED TO:	
□ RELEASE INFORMATION □ M	IUTUAL EXCHANGE OF INFORMATION
NAME OF ORGANIZATION/INDIVIDUAL	ADDRESS PHONE NUMBER
Purpose or need for this information is:	
TYPE OF INFORMATION TO BE RELEASED/EX	XCHANGED:
TYPE OF RECORD	DATE RESTRICTIONS (IF ANY)
Records respecting student's illness, injury or medical condition	From To
Academic/Medical Accommodation Requests	From To
Other Records (specify)	From To
STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION	
I understand that I have the right not to consent to this release of ed recognize and understand that a copy of the disclosed records must	ducation records, as well as the right to revoke this consent. Further, I t, upon request, be provided to me.
Signature of Student	Date
Signature of Student	<u></u>
Signature of Student  COMPLIANCE WITH  The undersigned certifies that the above-captioned Request and/or on (date) by:	Date  I REQUEST (Office Use Only)  Authorization for Release of Education Records was complied with
Signature of Student  COMPLIANCE WITH  The undersigned certifies that the above-captioned Request and/or on (date) by:  Mail to:	Date  I REQUEST (Office Use Only)  Authorization for Release of Education Records was complied with
Signature of Student  COMPLIANCE WITH  The undersigned certifies that the above-captioned Request and/or on (date) by:  Mail to:	Date  I REQUEST (Office Use Only)  Authorization for Release of Education Records was complied with