



# AUTHORIZATION TO RELEASE STUDENT RECORDS

UNIVERSITY ID# \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

YES  NO

DATE OF BIRTH \_\_\_\_\_ CURRENTLY ENROLLED \_\_\_\_\_ LAST DATE OF ATTENDANCE IF NOT CURRENTLY ENROLLED \_\_\_\_\_

*I hereby authorize LMU to release during the specified dates the following education information and/or records:*

<input type="checkbox"/> Academic Transcript/Records	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			
<input type="checkbox"/> In-progress Academic Records	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			
<input type="checkbox"/> Disciplinary Records	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			
<input type="checkbox"/> Student Financial Services Records	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			
<input type="checkbox"/> Financial Aid Records	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			
<input type="checkbox"/> Other _____	START DATE	MM / DD / YY	END DATE	MM / DD / YY
	(MUST BE CURRENT OR FUTURE DATE)			

*The records/information identified above is to be provided to:*

NAME/COMPANY NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

*The purpose or need for this information is:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that I have the right not to consent to this release of educational records. As well as the right to revoke this consent. Further, I realize and understand that a copy of the disclosed records must, upon request, be provided to me.*

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_