



# AUTHORIZATION TO RELEASE STUDENT RECORDS

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

LION EMAIL \_\_\_\_\_ @lion.lmu.edu \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CURRENTLY ENROLLED  YES  NO LAST DATE OF ATTENDANCE IF NOT CURRENTLY ENROLLED \_\_\_\_\_

I hereby authorize LMU to release during the specified dates (current or future - not past) the following education information and/or records:

<input type="checkbox"/> Academic Transcript/Records	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY
<input type="checkbox"/> In-progress Academic Records	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY
<input type="checkbox"/> Disciplinary Records <small>CONSULT JUDICIAL AFFAIRS OFFICE</small>	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY
<input type="checkbox"/> Student Financial Services Records <small>CONSULT STUDENT FINANCIAL SERVICES</small>	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY
<input type="checkbox"/> Financial Aid Records <small>CONSULT FINANCIAL AID OFFICE</small>	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY
<input type="checkbox"/> Other _____ <small>LEAVE BLANK IF NOT KNOWN</small>	START DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY	END DATE <u>  /  /  </u> CURRENT/FUTURE DATE MM DD YYYY

The records/information identified above is to be provided to the person below and is valid only if calls or email come from the following information:

NAME \_\_\_\_\_ EMAIL (ACCEPTED FROM THIS ADDRESS ONLY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (ACCEPTED FROM THIS NUMBER ONLY) \_\_\_\_\_

CITY, STATE, ZIP, COUNTRY (IF NOT US) \_\_\_\_\_ FAX (ACCEPTED FROM THIS NUMBER ONLY) \_\_\_\_\_

The detailed 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 \_\_\_\_\_