

Office of the Registrar  
6965 Cumberland Gap Pkwy., DAR 102  
Harrogate, TN 37752  
(423)869-6434

## AUTHORIZATION FOR RELEASE OF INFORMATION

*This form is to be completed by a student who wishes to authorize LMU to release the student's education record(s) to another person/entity. This authorization may be revoked by the student at any time.*

**Student Name:** Click here to enter text.      **Student ID #:** Click here to enter text.

**LMU email address:** Click here to enter text.

**Check One:**

- Consent for FULL ACCESS
- Consent for LIMITED ACCESS
  - Academic Records (transcripts, grades, GPA, attendance)
  - Disciplinary/Conduct Records
  - Financial Records
  - Student Employment Records
  - Other (specify) \_\_\_\_\_

**Purpose for Authorization:  
(check all that apply)**

- Inquire about class attendance
- Inquire about grades, GPA
- Inquire about account balances
- Inquire about student conduct
- Inquire about student work performance
- to redisclose to another person/agency
- Other (specify): \_\_\_\_\_

**Authorization valid for the time period indicated below, unless revoked in writing:**

- One time use only.
- A set time period. This authorization expires on the following day: Click here to enter date
- the current academic year.

**Name of Person/Agency to whom access to records may be given:** Click here to enter text.

**Address of Individual/Agency:** Click here to enter text.

I understand that some of my records may be protected under FERPA and cannot be released without my written consent. I hereby waive all protections afforded to me under FERPA relating to the records described in this disclosure. This consent is being given knowingly and voluntarily. I may revoke this consent at any time by providing written notice to the Registrar. Photocopies of this release form may only be accepted when presented in person with appropriate identification of the third party. The third party may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form with student's original signature to Registrar's Office (DAR 102).