



**STUDENT AUTHORIZATION TO
RELEASE EDUCATIONAL RECORDS**

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|-----------|------------|----------------|--------|
| Last Name | First Name | Middle Initial | LU ID# |
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The Family Education Rights and Privacy Act of 1974 provides privacy protection of a student's education records and limits the release of such records without the student's consent. The Act further provides that the University may disclose such records to a third party with the student's written consent.

DECLARATION:

I voluntarily authorize Lamar University officials to release my education records identified below to the following Third Party:

Name of third party individual or company/organization to whom University may disclose information: _____

Address: _____

Email: _____

Records authorized for release: _____

Purpose of Records release: _____

STUDENT'S DECLARATION:

I acknowledge I am aware of this request to release my education records to the Third Party specified above. **I attest that I am the**