

**Authorization to Release Student Document(s) to
Admissions, Department, or Administrator**

Student's Name: _____

Student's ID #: _____ Date: _____

What is the purpose of this request?

_____ Degree Plan _____ Advising _____ Application to Graduate School
_____ Readmission Application _____ Application for Scholarship/Financial Aid
_____ Other (explain) _____

Document(s) needed: _____

Please send to: _____

NOTE: When this Academic Record is released to the Administrator, Faculty, or Staff listed below, it may not be released or viewed by a third party (anyone outside the institution or without a legitimate educational interest) unless the student approves the release or viewing in writing.

I agree to keep the information disclosed to me confidential according to applicable legislation, regulations and FERPA. (Family Educational Rights and Privacy Act of 1974 as amended).

Signature of person requesting document(s): _____

Printed Name: _____ Title: _____

Campus Box #: _____ Phone #: _____ Fax #: _____

Please return completed form to: Lamar University Records – Box 10010 or fax 880-8369

Signature of person releasing document(s): _____

Title of person releasing document(s): _____

Date document(s) released: _____