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: _______________________________________________________

11/19/2018