



**STUDENT AUTHORIZATION TO  
RELEASE EDUCATIONAL RECORDS**

---

Last Name	First Name	Middle Initial	LU ID#
-----------	------------	----------------	--------

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 student signing this form. I understand the information may be released orally or in the form of written records as preferred by the requester. This authorization remains in effect from the date executed until revoked by me in writing and delivered to the Registrar's Office.** I further release Lamar University, the Texas State University System, their Regents, Officers, Employees, Agents or Assigns, from any and all liability for release of the above named education records/information and acknowledge that the University is not responsible for subsequent uses or disclosures of records once they are released pursuant to this authorization.

---

Student's Signature	Date
---------------------	------