

# AUTHORIZATION TO DISCLOSE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

Lawrence Technological University's procedures for complying with the provisions of this Act can be found in the Student Handbook as well as the Undergraduate and Graduate Course Catalogs. In accordance with FERPA, the University may not discuss a student's academic and/or financial information to their parents, spouses, or guardian of the student.

By completing and signing this form, the student below designated authorizes Lawrence Technological University to discuss the designated information with the student's designee (parent, spouse, relative, guardian, etc.)

**The student should give great consideration to this before choosing to exercise this option and submitting this form.** The student should know that by signing this form, University personnel will disclose any information pertaining to the student's academic record, financial aid status, housing records and student financial account. This authorization will remain on file unless the Remove Authorization to Disclose Information form is submitted.

## STUDENT INFORMATION

STUDENT NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

## STUDENT AUTHORIZATION

I have read this document and fully understand the contents. I agree to release all information related to my academic, financial aid, financial account, housing records at the University to **(NAME or NAMES MUST BE INDICATED BELOW)**:

\_\_\_\_\_  
(Name of individual to whom information can be released ) Relationship to student

\_\_\_\_\_  
(Name of individual to whom information can be released ) Relationship to student

**TERM THIS IS EFFECTIVE:**  Fall  Spring  Summer Year: 20\_\_\_\_

### **\*\*OPTIONAL PIN\*\*:**

As an added security measure to protect my privacy, when inquiring about my educational records at the University, the above-indicated individual(s) must use the following PIN to obtain information:

\_\_\_\_\_

\_\_\_\_\_  
**Student Handwritten Signature**

\_\_\_\_\_  
**Date**

### **OFFICE USE ONLY:**

Date Received:

Date Entered in Banner:

Revised 2/10/22