



AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials in the
[Print Name of Student]
Lone Star College - department(s) identified below to disclose personally identifiable information from
my educational records. (Please check the box or boxes that apply):

- Registrar
- Financial Aid
- Other (Please Specify) _____

Specifically, I authorize disclosure of the following information or category of information (Please check
the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Scholarship and/or Honors
- Photos
- Academic Records
- All College Records
- Other (Please Specify) _____

This information may be released to _____
[Print Name(s) of Individual(s) To Whom LSCS May Disclose Information]

_____ for the purpose of informing:
[List Additional Individuals if Necessary]

- Family
- Educational Institution
- Employer/Prospective Employer
- Public or Media of Scholarship, Honor or Award
- Other (Please Specify) _____

**I understand the information may be released orally or in the form of copies of written records,
as preferred by the requester. This authorization will remain in effect from the date it is executed
until revoked by me, in writing, and delivered to Department(s) identified above.**

Student Name (Please Print)

Student I.D Number

Student Signature

Date