



Authorization to Release Student Information

The academic, financial and non-directory information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232(g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

Student Name (please print) _____ Phone # _____ LSCS ID# _____

I authorize LSCS representatives to 1) release my information regarding my account to the individual(s) indicated below, or 2) permit the individual(s) listed below to act on my behalf.

Registration and Payment Information (check box RP below): All information required to enroll and make payment for the student.

Account Information (check box A below): All student financial account information. Examples: account balance, charges and credits appearing on account, payment plan, third party sponsorship, Perkins loan program, 1098T, 1042-S, receipt requests, questions regarding past due (NPY) service indicator, online payment services, or related questions regarding a student's financial account record.

Financial Aid Information (check box F below): All financial aid application and award information including loans.

Academic Record Information (check box R below): All information regarding a student's enrollment, veteran's benefits, and academic records (grades, class schedule, appointment information, etc.).

Please check the appropriate box(es) for each person you wish to have access to the above information on your account.

PRINT Name _____ RP A F R

PRINT Name _____ RP A F R

PRINT Name _____ RP A F R

PRINT Name _____ RP A F R

I understand this authorization will remain in effect for one (1) year or until I submit a written request to cancel this authorization. To cancel this authorization, send a written notice to the Registrar's office at one of the addresses below.

The student's signature must be notarized if this form is not submitted in person by the student.

Student Signature _____ Date _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, _____ personally appeared before me,

(Check one) _____ who is personally known to me OR _____ whose identity I proved on the basis of _____ to be the signer of the above instrument.

Notary Public Signature _____

Notary Public (Print) _____

My commission expires: _____

Deliver by mail, fax, or in person to one of the following colleges:

- LSC-CyFair**
Student Services
9191 Barker Cypress Rd.
Cypress, TX 77433
Fax: 281.290.5286
- LSC-Kingwood**
Student Services
20000 Kingwood Dr.
Kingwood, TX 77339
Fax: 281.312.1477
- LSC-Montgomery**
Student Services
3200 College Park Dr.
Conroe, TX 77384
Fax: 936.273.7234
- LSC-North Harris**
Student Services
2700 W. W. Thorne Dr.
Houston, TX 77073
Fax: 281.618.7141
- LSC-Tomball**
Student Services
30555 Tomball Pkwy.
Tomball, TX 77375
Fax: 281.357.3680

FOR OFFICE USE ONLY	
"ARSI" Beginning Hold Date Entered _____	"ARSI" Ending Hold Date Entered _____
Student Services Representative _____	Date _____

ORIGINAL – SYSTEM OFFICE
ARC-001
04/08