Authorization to Release Educational Records
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, [Print name of Student]__________________________, hereby voluntarily authorize officials in the 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)____ ADN and LVN Programs____________________

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

☐ Grades/Transcript
☐ Financial Aid
☐ Disciplinary
☐ Scholarship and/or Honors
☐ Photos
☐ Academic Records
☐ All College Records

☒ Other (Please Specify) conduct of clinical rotations at health care facilities to ensure student & patient safety

This information may be released to all institutions that have affiliation agreements with LSCS and the [Print Name(s) of Individual(s) or Organization(s) To Whom LSCS May Disclose Information]

Texas Board of Nursing __________________________ for the purpose of informing:

☐ 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__________________________

Office of the General Counsel
OSG-5-2009-03 – Authorization to Release Educational Records
Approved 11.20.08
Page 1 of 1