

Authorization to Release Academic Records*

Office of the Registrar
Louisiana State University Eunice
P.O. Box 1129 • Eunice, LA 70535

Student Authorizing Release of Records:

Name of Student (Last, First, Middle Initial):			
LSUE ID #		Date:	

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to education records. The act makes provision for inspection, review and amendment of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, reason for release, and the names of the parties to whom such records shall be released. The act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

For more information, visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Check All that Apply:

I hereby give permission for LSU Eunice personnel to provide information concerning my academic transcript to the person(s) identified below.

I hereby give permission for LSU Eunice personnel to provide information concerning my academic advising notes to the person(s) identified below.

I hereby give permission for LSU Eunice faculty, at their discretion, to provide information concerning my in class performance and grades to the person(s) identified below.

Check One:

This waiver will be in effect as long as I am a student at LSU Eunice.

This waiver will be in effect from: (Date) _____ until: (Date) _____

Person(s) to whom information (as checked above) may be released. Please PRINT clearly.

Name (Last, First): _____

Relationship to student: _____

Name (Last, First): _____

Relationship to student: _____

Name (Last, First): _____

Relationship to student: _____

Name (Last, First): _____

Relationship to student: _____

This form MUST be signed in person by student in the presence of a staff member of the Office of the Registrar or it may be downloaded, printed, signed, and emailed from the student's LSU Eunice email account. This form is valid until revoked by student in writing or the expiration date inserted above.

Student Signature _____ **Date** _____

*The Academic Record includes, but is NOT limited to: degree audit, academic progress, mid-term grades, final grades, and transcript.

For office use only:

Received by _____ **Date** _____