

Office of the University Registrar

Louisiana State University, 112 Thomas Boyd Hall
Baton Rouge, LA 70803

Authorization to Release Information

The Family Educational Rights and Privacy Act (or FERPA, 20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student educational records. Upon enrollment to an institution of higher education, regardless of the student's age, FERPA rights transfer from the guardian to the student. As a result, there is limited information that staff within the University can discuss with anyone other than the student. A student must sign the "Authorization to Release Information" for staff to discuss specific incidents and/or pertinent issuance. (For more information on FERPA, please consult the web at: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

I, _____, hereby grant Louisiana State University permission to release information to the following entities:

List names and relationship of all desired individual(s) on the lines below – example: Parent, Family, Sponsor, Attorney, etc.:

Select the type(s) of records for which you wish to authorize access by signing one or both lines below:

Authorization to Release Academic Records*

I understand that by signing this authorization, Louisiana State University will disclose information from the academic records of the student listed above in accordance with the Family Educational Rights and Privacy Act. This release does not permit the disclosure of these records to any other persons or entities without my written consent unless permitted by law. *The Academic Record includes, but is not limited to degree audit, academic progress, mid-term grades, final grades, and the transcript.*

Signature of Student: _____

LSU ID Number: 89- _____ - _____ Date: ____ / ____ / ____

Authorization to Release Information within Student Affairs*

I understand that by signing this authorization, Louisiana State University will disclose information from the student affairs file of the student listed above in accordance with the Family Educational Rights and Privacy Act. This release does not permit the disclosure of these records to any other persons or entities without my written consent unless permitted by law. *The Student Affairs file includes but is not limited to disciplinary, housing, Title IX, and student activity records.*

Signature of Student: _____

LSU ID Number: 89- _____ - _____ Date: ____ / ____ / ____

*I understand that this release will expire on ____ / ____ / _____. If a date is not provided, this waiver will expire upon graduation. Furthermore, I may cancel this release prior to the aforementioned date.