

**STUDENT AUTHORIZATION TO  
RELEASE EDUCATIONAL RECORDS**

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Last Name	First Name	Middle Initial	LU ID#
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The Family Education Rights and Privacy Act of 1974 provides privacy protection of a student's education records and limits the release of such records without the student's consent. The Act further provides that the University may disclose such records to a third party with the student's written consent.

**DECLARATION:**

I voluntarily authorize Lamar University officials to release my education records identified below to the following Third Party:

Name of third party individual or company/organization to whom University may disclose information: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Records authorized for release: \_\_\_\_\_

Purpose of Records release: \_\_\_\_\_

**STUDENT'S DECLARATION:**

I acknowledge I am aware of this request to release my education records to the Third Party specified above. **I attest that I am the**