Release of Information Authorization

Please Print

Name_____ Student ID_____

Street
Address_____City_____State_____

Zip Code_____ Phone with area code (____)_____

☐ This is my first request.

☐ I want to make changes to an existing Release of Information Authorization.

☐ I want to cancel an existing request and replace with the following:

I authorize the parties listed below to obtain or discuss any information pertaining to:

___ **All information**
___ **Discipline Records**
___ **Financial Aid** (including itemized charges, credits and refunds)
___ **Registration** (number of credit hours/add/drop)
___ **Grades**
___ **Other** – please specify: _____

___ **Drug or alcohol violation**
___ **Accounts Receivable** (charges, tuition or credits)

_____
Name of person to release information to

Relationship (check one below)
___Spouse
___Mother and Father
___Mother only
___Father only
___Grandparent
___Agency
___Other :_____

_____
Name of person to release information to

Relationship (Check one below)
___Spouse
___ Mother and Father
___Mother only
___Father only
___Grandparent
___Agency
___Other :_____

I hereby release Lake Superior College, as the custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

This authorization is effective beginning _____
Effective date

and ending at midnight on _____
Last day in effect - Cannot be more than one year

I am giving this consent freely and voluntarily. I understand the consequences of my giving this consent.

Student Signature_____Date_____