



Release of Information Authorization

Please Print

Name _____ Student ID _____

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

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

Name of person to release information to

Relationship (check one below)

- Spouse
- Mother and Father
- Mother only
- Father only
- Grandparent
- Other : _____

Relationship (Check one below)

- Spouse
- Mother and Father
- Mother only
- Father only
- Grandparent
- 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 form does not allow LSC to release FAFSA and award information to third party agencies. That information can only be released to the student.**

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 _____