

Loyola Marymount University
Student Affairs Dean's Office
Consent to Release Educational Records

FERPA: Purpose of This Form

In compliance with the 1974 Family Educational Rights Act (FERPA), Loyola Marymount University will not disclose personally identifiable information contained in the student's education records with anyone without the student's written consent. Exceptions to FERPA include a health or safety emergency or an educational need to know.

Student Contact Information

Name: _____

LMU ID: _____

D.O.B: _____

E-Mail: _____

Phone: _____

Consent to Release/Exchange Information

I hereby grant the LMU Student Affairs Dean's Office to release/mutually exchange the education information to the parties listed below:

| Name of Person(s)/Organization | Relationship to Student | Telephone/Cell |
|--------------------------------|-------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

By signing this form, I authorize the above named person(s) to be informed about the following information (Check all those that apply):

- Academic Transcript/Records Disciplinary Records
- Financial/Accounting Records Other Records (specify) _____
- Mutual exchange of information for overall well-being and academic support

Note: If you also wish to release health records, counseling records, or disability documentation, you must visit the appropriate offices and fill out separate release forms in each case.

I understand that I am under no obligation to sign this release of information records. This authorization is valid for 6 months and may be revoked in writing at any time prior to 6 months by notifying the LMU Student Affairs Dean's Office.

Signature of Student

Date

Date of Expiration