

LOYOLA MARYMOUNT UNIVERSITY
1 LMU Drive Los Angeles, California 90045
AUTHORIZATION TO RELEASE STUDENT
EDUCATION RECORDS/INFORMATION

STUDENT INFORMATION:

Student Name: _____ LMU Student ID #: _____
Former Name (if any): _____ Birth Date: _____
Daytime Telephone: _____ Date last attended LMU: _____

INFORMATION TO BE RELEASED FROM:

I hereby authorize LMU to release the education information and/or records identified below to the persons or organizations identified below.

INFORMATION TO BE RELEASED TO:

Name of Organization/Individual	Address	Contact Information
_____	_____	_____
_____	_____	_____

Purpose or need for this information is: _____

TYPE OF INFORMATION TO BE RELEASED:

TYPE OF RECORD	DATES RESTRICTIONS (IF ANY)
<input type="radio"/> Academic Transcript/Records	From _____ To _____
<input type="radio"/> Disciplinary Records	From _____ To _____
<input type="radio"/> Financial/Accounting Records	From _____ To _____
<input type="radio"/> Other Records (specify)	From _____ To _____

STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION

I understand that I have the right not to consent to this release of education records, as well as the right to revoke this consent. Further, I recognize and understand that a copy of the disclosed records must, upon request, be provided to me.

Date: _____ Signature of Student: _____

COMPLIANCE WITH REQUEST (Office Use Only)

The undersigned certified that the above-captioned Request and/or Authorization for Release of Education Records was complied with on _____ (date) by:

Mail to: _____

Fax to: _____

Personal Delivery to: _____

[LMU Staff Signature]

[Print LMU Staff Name]