



Authorization and Consent to Release Education Records FERPA

Use this form to grant permission to authorized personnel of Lane Community College to release some or all of their education records to a third party.

Instructions:

1. Select the information you would like to release.
2. If you select Other, please specify in the next box.
3. Select the dates for which this Authorization will be valid. NOTE: Unless otherwise noted, this release will expire one year from the signature date.
4. Enter the persons authorized to receive these records. You can add as many as needed.
5. Check agreement box.
6. Submit.

Full Name

LNumber

I authorize Lane Community College to discuss or release the following information to the person(s) identified below:

Academic Records (transcript, grades, GPA)

Student Accounts and Billing Records

Student Affairs Records (housing, conduct/disciplinary)

Advising Records

Financial Aid Records (grants, loans, scholarships)

Other

This Authorization is valid From Until

Persons authorized to receive these records:

Individual	Company	
Name		
Email		Phone
Address		Purpose

By checking this box, I certify that I am the person indicated as the student and that the documentation submitted is mine and what I am requesting is true and accurate to the best of my knowledge. By submitting this form, I acknowledge this consent and authorization to be valid. I understand that this consent remains in effect until written revocation from me is received by the above mentioned off/department/school. I also understand that such revocation does not affect disclosures previously made. Unless otherwise noted, this release will expire one year from the signature date.