Standard Form Approved
by the Lone Star College
Office of the General Counsel

* Required

LONE STAR COLLEGE

AUTHORIZATION TO RELEASE EDUCATION RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, *_____, hereby voluntarily authorize officials at Lone Star
[Print Name of Student]
College (LSC) to disclose personally identifiable information from my education records.

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- ☐ Grades/Transcripts
- ☐ Financial Aid
- ☐ Disciplinary
- ☐ Scholarship and/or Honors
- ☐ Other (Please Specify) _____
- ☐ Photos
- ☐ Academic Records
- ☒ **All College Records**

This information may be released to: who would you let pick up your info

_____

_____
[Print Full Name(s) of Individual(s) To Whom LSC May Disclose Information]

for the purpose of informing:

- ☐ Family
- ☐ Educational Institution
- ☐ Other (Please Specify) _____
- ☐ Employer/Prospective Employer
- ☐ Public or Media of Scholarship, Honor or Award

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

*_____ *_____ *_____
Student Signature Date ~~Student~~ ID Number LONESTAR

LSC-CyFair	LSC-Kingwood	LSC- Montgomery	LSC- North Harris	LSC- Tomball	LSC- University Park
Student Services	Student Services	Student Services	Student Services	Student Services	Student Services
281-290-3200	281-312-1613	936-273-7326	281-618-5481	281-351-3310	281-401-5370

Note: Modification of this Form requires approval of OGC