



Authorization to Release Non-Directory Educational Records (Student Record and Reference Release)

Name: _____ Former Name(s): _____

Student ID #: _____ Date of Birth: _____
(for identification purposes only)

Current Address: _____
Address

City State ZIP Code

As a student of Lakeshore Technical College, I understand that under the federal Family Educational Rights and Privacy Act I have the right to privacy with regard to my education records. I understand that my education records, including personally identifiable information in the records, will be treated as confidential and will not be publicly released without my written consent, subject to limited statutory exceptions including authorized publication of directory information. With this understanding:

- I hereby request a copy of my education records. (Please specify.)
- I hereby authorize the individual/agency(s) below to discuss my abilities and qualifications regarding employment.
- I hereby authorize the individual/agency(s) listed below to receive a copy of the following education records. Check all that are appropriate. All items will be released if nothing is checked.
 - ___ All Records
 - ___ Dept. of Justice Crime Information Bureau records (Background Information Disclosure)
 - ___ Wisconsin Department of Health Services records (Background Information Disclosure)
 - ___ Progress reports and/or class assignments/projects
 - ___ Grades/GPA/Attendance/Class Participation
 - ___ Student financial account information
 - ___ LTC code of conduct violation
 - ___ Other personally identifiable information. Please specify: _____

Release the above identified information to the following Individual or agency.

Individual/Agency (Relationship to Student)

Address

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

I acknowledge that I am submitting this form as a reference release which will be stored with Student Records. I also agree to hold harmless Lakeshore Technical College from any liability for good faith release pursuant to this authorization. This authorization is valid for three (3) years from the date of signature. However, I understand that I can revoke this authorization at any time by providing Student Records a signed, written statement regarding my desire to discontinue the authorization.

Signature of Student

Date

Signature of Lakeshore Technical College Representative

Date

RETURN THE COMPLETED FORM TO STUDENT RECORDS.