



# 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 I have the right to privacy with regard to my education records under the Family Educational Rights and Privacy Act. 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 LTC to discuss my abilities and qualifications regarding employment with the individual/agency identified below.
- I hereby authorize LTC to release a copy of the following education records to the individual/agency(s) listed below.

**Check all that are appropriate. All records may 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
- Financial account information
- LTC code of conduct violation
- Other personally identifiable information. Please specify: \_\_\_\_\_

I authorize the above noted records to be released to the following individual or agency.

Individual/Agency (Relationship to Student)

Address

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

I acknowledge that I am submitting this form as an authorization to release my records as indicated above. This document will be retained in 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 until:
- One year from date of signature (default, unless otherwise noted)
  - The duration of my high school studies
  - The following date:

\_\_\_\_\_  
(not to exceed three years from signature date)

I understand that I may revoke this authorization at any time by submitting a signed, written statement indicating my desire to do so to LTC Student Records.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RETURN THE COMPLETED FORM TO STUDENT RECORDS at [lrc.records@gotoltc.edu](mailto:lrc.records@gotoltc.edu) or  
1290 North Avenue  
Cleveland, WI 53015**