

**LOYOLA LAW SCHOOL**  
**AUTHORIZATION TO RELEASE STUDENT EDUCATION RECORDS/INFORMATION**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ LLS Student ID # \_\_\_\_\_  
Former Name (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Date last attended LLS \_\_\_\_\_

**INFORMATION TO BE RELEASED FROM: (Individual/Department) \_\_\_\_\_**

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

Name of Organization/Individual	Address	Fax Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose or need for this information is: \_\_\_\_\_

**TYPE OF INFORMATION TO BE RELEASED:**

TYPE OF RECORD	DATES OF RESTRICTION (IF ANY)
<input type="checkbox"/> Academic Transcript/Records	From _____ To _____
<input type="checkbox"/> Disciplinary Records	From _____ To _____
<input type="checkbox"/> Financial/Accounting Records	From _____ To _____
<input type="checkbox"/> 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 certifies that the above-captioned Request and/or Authorization for Release of Education Records was complied with, on (date) \_\_\_\_\_ via:

Mail to: \_\_\_\_\_  
Fax to: \_\_\_\_\_  
Personal delivery to: \_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_ [LLS Staff Signature]

\_\_\_\_\_ [Print LLS Staff Name]