

**OUR LADY OF THE LAKE UNIVERSITY**

**STUDENT CONSENT TO RELEASE EDUCATIONAL RECORDS**

**Note: Students are not required to complete this form; however, not doing so will prevent parents and/or guardians from being informed on matters related to the student's education.**

In compliance with the Family Educational Rights and Privacy Act (FERPA), OUR LADY OF THE LAKE UNIVERSITY cannot, except in certain limited situations, release a student's education record to any person other than the student without a written release from the student.

Student's Name: \_\_\_\_\_  
Last First Middle

Student's ID#: \_\_\_\_\_

I hereby give my voluntary, written consent for OUR LADY OF THE LAKE UNIVERSITY to release my education records upon request to the person listed below. (For purposes of this consent form, your education record includes student account/financial, financial aid, campus life, grades and related academic information.)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PERSONS TO WHOM I AUTHORIZE DISCLOSURE: (please print legibly)**

#1-AUTHORIZED PERSON'S NAME

\_\_\_\_\_  
(Last, First, Middle)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Authorized Person's Date of Birth and Last 4 digits of SS#  
**(Required for Identity purposes)**

#2-AUTHORIZED PERSON'S NAME

\_\_\_\_\_  
(Last, First, Middle)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Authorized Person's Date of Birth and Last 4 digits of SS#  
**(Required for Identity purposes)**

#3-AUTHORIZED PERSON'S NAME

\_\_\_\_\_  
(Last, First, Middle)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Authorized Person's Date of Birth and Last 4 digits of SS#  
**(Required for Identity purposes)**

If you wish to list additional persons, please write their information on the back of this form.

This form may be faxed, mailed or hand carried to:

Our Lady of the Lake University  
Registrar's Office  
411 S.W. 24<sup>th</sup> St.  
San Antonio, TX 78207-4689  
Phone: (210) 431-3959  
Fax: (210) 436-2314