

Student Name: (Please Print): _____

Lubbock Christian University

LCU ID# _____

FERPA Release of Information Form

The financial and non-directory educational record information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C. 1232 (g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below.

I authorize Lubbock Christian University representatives to release information regarding my account as indicated below:

| Student Information Type | Check Box | Description | |
|-------------------------------------|-----------|--|--|
| Business Account | B | <ul style="list-style-type: none"> Account balance, charges, and credits Past due balances and hold information | <ul style="list-style-type: none"> Third party sponsorship/servicers Perkins loan 1098T |
| Financial Assistance | F | <ul style="list-style-type: none"> Financial assistance application | <ul style="list-style-type: none"> Award information |
| Academic Records Student Records | A | Check all applicable: <ul style="list-style-type: none"> Transcript/Grades Class Schedule Attendance | Check all applicable: <ul style="list-style-type: none"> Student Conduct Other |
| Application Records | P | <ul style="list-style-type: none"> Admission application/status Letters of Recommendation Test Scores & Transcripts | <ul style="list-style-type: none"> Essays Residency Information Other Admission materials |

Please check the appropriate box(es) for each person you wish to have access to the above information on your account.

Releasing information to a company authorizes anyone employed by that company unlimited access to your educational record (You may limit time of access by stating a cancellation date below.)

| | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------|--------------------|---|
| <input type="checkbox"/> B | <input type="checkbox"/> F | <input type="checkbox"/> A | <input type="checkbox"/> P | | | / |
| Name | | | | Last 4-digits of SSN | Mo. / Yr. of Birth | |
| <input type="checkbox"/> B | <input type="checkbox"/> F | <input type="checkbox"/> A | <input type="checkbox"/> P | | | / |
| Name | | | | Last 4-digits of SSN | Mo. / Yr. of Birth | |

I understand this authorization will remain in effect until I submit a written request to the Office of the Registrar (contact info below) to cancel this authorization.

Student Signature: _____ **Date:** _____

If not delivering in person, the following section must be completed by a Notary Public:

State of _____ County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,

(Check One): who is personally known to me OR whose identity I proved on the basis of _____, to be the signer of the above instrument.

Notary Public _____

| | | |
|--|--|--|
| Deliver by mail to: Office of the Registrar Lubbock Christian University 5601 19 th Street Lubbock, TX 79407 | Deliver in person to: Registrar, Room 104 Administration Building | Waiver will be in effect until rescinded by student: Cancellation Date: _____ Student Signature: _____ |
|--|--|--|

My commission expires: _____