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	Check Box	Description	
Business Account	**B**	• Account balance, charges, and credits • Past due balances and hold information	• Third party sponsorship/servicers • Perkins loan • 1098T
Financial Assistance	**F**	• Financial assistance application	• Award information
Academic Records Student Records	**A**	Check all applicable: o Transcript/Grades o Class Schedule o Attendance	Check all applicable: o Student Conduct o Other
Application Records	**P**	• Admission application/status • Letters of Recommendation • Test Scores & Transcripts	• 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.)

❑ B ❑ F ❑ A ❑ P		Last 4-digits	/ Mo. / Yr. of Birth
Name		**Last 4-digits**	**Mo. / Yr. of Birth**
❑ B ❑ F ❑ A ❑ P			/
Name		**Last 4-digits**	**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 19th Street** **Lubbock, TX 79407**	**Deliver in person to:** **Registrar, NE Wing** **Cardwell Welcome Center**	Waiver will be in effect until rescinded by student: Cancellation Date: _____ Student Signature: _____

My commission expires: _____