



Office of the Registrar  
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**STUDENT INFORMATION RELEASE AUTHORIZATION**

Directions:

In compliance with the federal *Family Education Rights and Privacy Act of 1974*, LSU Health Sciences Center – Shreveport is prohibited from providing certain information from your student records to a third party, such as information on grades, and other student record information. This restriction applies, but is not limited, to your parents, spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the Office of the Registrar at the address above. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. However, it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.

**Section A. Student Information**

_____	_____ / _____
NAME (Last, First, Middle Initial)	SSN (Last 4 digits only) Student ID number
_____	_____
CURRENT MAILING ADDRESS (Street/PO, Apt, City, State & Zip Code)	DAYTIME PHONE NUMBER

**Section B. Third-Party Designee**

_____	_____
NAME (Last, First, Middle Initial)	SSN (Last 4 digits only)
_____	_____
CURRENT MAILING ADDRESS (Street/PO, Apt, City, State & Zip Code)	DAYTIME PHONE NUMBER
_____	_____
RELATION TO STUDENT	EMAIL ADDRESS

**Please check the box below to grant authorization to different types of information and student account records:**

Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information

**Section C. Certification**

_____	_____
Student's Signature	Date