

Authorization for Use or Disclosure of Information

Student Information (Please Print)

Name: _____ Liberty Student ID: _____
 Previous Name: _____ Date of Birth (mm/dd/yy): ____/____/____
 Email: _____ Phone Number: (____) ____-_____

Release Information (Please Print)

It is the policy of Liberty University, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally-identifiable information contained in our students' education records unless the student has consented to disclosure or FERPA allows disclosure. Generally, non-directory information in education records (e.g., grades, disciplinary history, health information, financial aid awards, etc.) cannot be released or discussed without the student's express consent. Completing and signing this form provides such consent, according to the information designated for release and to whom it is to be released. For further information about FERPA, please see the Liberty University College of Osteopathic (LUCOM) FERPA Policy and Release Information.

Information to be released:

- Academic Information**- to include Grades, GPA, Academic Standing, Academic Progress, Class Schedule, etc.
- Financial Information** - to include Student Accounts, Card Services, Flames Cash, Meal Plans, etc.
- Financial Aid Information** - to include all aspects of Financial Aid
- Student Health Information** – to include Health and Physical Information, Immunization, Titer/Lab results, etc.
- State Licensing/Medical Education Verification Information** – to include all Education Records and Information that LUCOM determines relevant/required to fully and accurately complete the attached form of the below-named medical board.
- Other or Specific Document(s)** - _____

I authorized Liberty University to release the above records and information to:

- Release to the Person/Entity at the following address(es):
 Person/Entity: _____
 Address: _____

- Fax: _____ Person/Facility: _____
- Email: _____ Person/Facility: _____

Authorization (Please Print & Sign)

Student's Signature: _____ **Date:** _____

**By signing this form you acknowledge that you understand that, although you are not required to disclose your education records and information, you are giving your express consent for LUCOM to release your records and information to the designated person or entity listed above. You understand that this release will remain in effect unless you revoke such consent in writing and the revocation is both received and processed by LUCOM.*

Official Use Only Processed By: _____ Date: _____