

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: (____) ____-____
 Graduation Year: _____

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 (OMS I-IV)** - to include grades, rank, averages, academic progress, class schedule, etc.
- ☐ **State Licensing/Medical Education Verification Information (OMS IV & Graduates)** - 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.
- ☐ **Certified Diploma Copy** - This refers to a printed or emailed PDF copy of your original diploma. If you need to order of new version of the original diploma you received upon graduation, do not complete this form. Please, email LUCOMRegistrar@liberty.edu, instead.
- ☐ **Certificate of Insurance/COI (Malpractice/Liability)**
 Dates of Enrollment: _____ to _____
 Date of graduation: _____
- ☐ **Loss Run History**
- ☐ **Other or Specific Document(s) –**

Registrar Use Only, confirm/correct dates:
 Comments: _____

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

☐ Mail:

☐ Email: _____

☐ Upload to website/online portal (please provide organization name and/or link): _____

Authorization (Please Print & Sign)

Student's Signature: _____ Date: _____

**By signing this form you authorize the LUCOM Registrar's Office to supply all necessary information from your academic record to complete the request and to send the information to the designated person or organization listed above. For more information about Liberty University's FERPA Policy, please visit the [FERPA Policy](#) webpage.*

Official Use Only Processed By: _____ Date: _____