

REMOVE AUTHORIZATION TO DISCLOSE INFORMATION



The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

Lawrence Technological University's procedures for complying with the provisions of this Act can be found in the Student Handbook as well as the Undergraduate and Graduate Course Catalogs. In accordance with FERPA, the University may not discuss a student's academic and/or financial information to their parents, spouses, or guardian of the student.

By completing and signing this form, the student below designated authorizes Lawrence Technological University to **remove** the designated individuals from the student's account.

The student should give great consideration to this before choosing to exercise this option and submitting this form. The student should know that by signing this form, University personnel will withhold information pertaining to the student's academic record, financial aid status, housing records and student financial account.

STUDENT INFORMATION

STUDENT NAME _____ ID NUMBER _____

STUDENT AUTHORIZATION

I have read this document and fully understand the contents. I agree to have all information related to my academic, financial aid, financial account, housing records at the University withheld from **(NAME or NAMES MUST BE INDICATED BELOW)**:

(Name of individual to be removed)

Relationship to student

(Name of individual to be removed)

Relationship to student

Effective as of Date Below:

Student Signature (Handwritten Signature Required)

Date

OFFICE USE ONLY:

Date Received:

Date Entered in Banner:

Revised 11/22/19