



**Authorization to Discuss Education Record Information
(Specific Meeting)**

Name: _____ Student ID: _____
 Last First Middle

I, _____, authorize the release of any and all necessary information, directory or non-directory, pertaining to my education records at Lake Superior State University, to be discussed during our meeting on _____, with the following persons:

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.

Signature

Date