

## **Authorization to Release/Rescind FERPA Protected Academic Information**

The Family Educational Rights and Privacy Act (FERPA) prohibits LSSU from releasing your academic information to anyone other than you. By completing the Authorization portion of this form, you are giving LSSU permission to release your academic information to a designated individual. You may rescind this permission by completing the Rescind Permission section below.

Student's Legal Name:				Student ID:		
	(Please Print)	Last	First	Middle		
Auth	norization to	Release FER	PA Protecte	Academic Inform	nation:	
	I authorize LSSU to release all academic information (including but not limited to) grades, GPA, attendance, enrollment and registration information, course selection, academic standing, advising, etc. to the designated individual(s) below.  Designated Individual(s) Information:					
	Name:(Please Print)	Last	First	Relations	ship to Student:	
	Name:(Please Print)	Last	First	Relationship to Student:		
	<b>Authentication:</b> When the designated individual contacts LSSU, the individual will be required to provide your Student ID number and authentication code. Do not choose an authentication code that can be easily guessed. If you forget, misplace, or want to change your authentication code, please complete a new form.					
	Authentication	Authentication Code: Enter 4 digits. (Do Not use birthdate or last 4 digits of SSN.)				
	Student's Signature:					
Resc	eind Permissi	on to Access	FERPA Pro	ected Academic I	nformation:	
	I rescind permission for access to my academic information. Please remove the Authentication Code.					
	Student's Signature:		Date:			
Returi	n completed, signe	d form to:				
Fletche	rar's Office er Center for Studer					
Lake Superior State University 650 W Easterday Avenue (906)635-2682 Phone				Office I	Use Only:	
(906)635-6202 Findic				S	SOATESTScanProcessed	

registrar@lssu.edu