



Student Authorization to Release Educational Records

Student Information

Name: _____ ID # _____

Information

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. FERPA gives parents certain rights with respect to their children's education records. Once a student turns 18 or enrolls in an institution of higher education, the rights belong to the student. The student's primary rights are: the right to inspect and review their education record; the right to seek to amend their education record; and the right to have some control over the disclosure of information from education records. This restriction applies but is not limited to your parents and/or step-parents, your siblings, your spouse, or a sponsor. The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99. For more information, visit the Department of Education website.

Students may grant Lamar State College Port Arthur permission to release information to a third party by submitting this consent form. You must identify each individual person/organization to whom you wish to give access to your information. The information will then be made available only if it is specifically requested by the authorized third party and permissible under law.

Authorization to Release Information (Optional)

I voluntarily authorize Lamar State College Port Arthur officials to release my education records identified below to the following Third Party:

(Printed Name of Person Permitted) (Last 4 digits of SSN) (Relationship)

(Printed Name of Person Permitted) (Last 4 digits of SSN) (Relationship)

Records Authorized for release: Financial Aid Information

PLEASE NOTE: This is for Financial Aid purposes only.

Certifications and Signatures

I acknowledge I am aware of this request to release my education records to the Third Party specified above. **I attest that I am the student signing this form. I understand the information may be released orally or in the form of written records as preferred by the requester. This authorization remains in effect from the date executed until revoked by me in writing and delivered to the Registrar's Office or Financial Aid Office.** I further release Lamar State College Port Arthur, the Texas State University System, their Regents, Officers, Employees, Agents or Assigns, from any and all liability for release of the above named education records/information and acknowledge that the educational institution is not responsible for subsequent uses or disclosures of records once they are released pursuant to this authorization.

Student's Signature

Date

Submit this completed form to **Lamar State College Port Arthur Financial Aid Office** in person with a valid form of ID.

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone: 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu