

Office of the Registrar  
PO Box 33932  
1501 Kings Hwy.  
Shreveport, LA 71130-3932  
Phone: 318.675.5205  
Fax: 318.675.4758  
Email: [registrar@lsuhs.edu](mailto:registrar@lsuhs.edu)



**Permission to Release Education Record Information Form**

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last Name First Name Middle Name/Initial

Student Birthdate: \_\_\_\_\_  
MM/DD/YYYY

Education record information to be released:  
\_\_\_\_\_

Purpose of release:  
\_\_\_\_\_

I give permission for the Office of the Registrar to release the specified information to the recipient listed below:

\_\_\_\_\_  
Student Signature

Release to (Recipient): \_\_\_\_\_

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Fax: \_\_\_\_\_

***Return completed form to the Registrar's Office.***

*For Office Use Only*

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_