

Office of the Registrar, Room 1-212
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Shreveport, LA 71130-3932
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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: _____