INFORMATION RELEASE AUTHORIZATION

LAKE MICHIGAN COLLEGE • RECORDS OFFICE
2755 E. NAPIER AVE. • BENTON HARBOR, MI 49022
PHONE 269-927-8107 • FAX 269-927-6874

PLEASE PRINT CLEARLY

Name of student: _____

LMC Student ID#: ___ ___ ___ ___ ___ ___ ___ ___

Phone: (_____) _____ - _____

I authorize Lake Michigan College to release the following information from my student records:

[ ] All non-directory information: (See Reverse Side for Explanation)

[ ] Semester grades for: Fall ____ (Year) Winter ____ (Year) Spring ____ (Year) Summer ____ (Year)

[ ] Other non-directory information: please specify: _____

_____

This release authorization is in effect:

[ ] Indefinitely

[ ] Starting ____/____/____ (MM DD YY) and Ending ____/____/____ (MM DD YY)

Lake Michigan College may release this information TO:

Name: _____

Address: _____

City/State/Zip: _____

Student Signature: _____Date: __/__/__

LAKE MICHIGAN COLLEGE

FERPA

(FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT)

DIRECTORY INFORMATION –
NO AUTHORIZED RELEASE REQUIRED FROM STUDENT.

- ☑ NAME
- ☑ TELEPHONE NUMBER(S)
- ☑ EMAIL ADDRESS
- ☑ STUDENT CLASSIFICATION (ACTIVE/INACTIVE)
- ☑ DATES OF PREVIOUS ATTENDANCE BY TERM/YEAR
- ☑ FULL-TIME/PART-TIME
- ☑ DEGREES/HONORS/DATES EARNED
- ☑ CERTIFICATES/HONORS/DATES EARNED
- ☑ FIELD OF STUDY
- ☑ PREVIOUS EDUCATIONAL INSTITUTION
- ☑ ATHLETIC INFO: SPORT/POSITION/HEIGHT/WEIGHT

NON-DIRECTORY INFORMATION –
REQUIRES WRITTEN, SIGNED, AND DATED AUTHORIZATION FROM STUDENT.

- ☑ ADDRESS
- ☑ CLASS GRADES
- ☑ GPA
- ☑ NUMBER OF CREDIT HOURS
- ☑ SOCIAL SECURITY NUMBER
- ☑ ANY/ALL FINANCIAL AID INFORMATION
- ☑ PAYMENT/BILLING INFORMATION
- ☑ ACADEMIC STANDING
- ☑ DATE OF BIRTH
- ☑ RACE/ETHNICITY
- ☑ TEST SCORES
- ☑ LMC STUDENT ID NUMBER
- ☑ CURRENT ATTENDANCE

NOTE: *RECORDS FROM PREVIOUS SCHOOLS BECOME PROPERTY OF LMC AND CANNOT BE SENT TO ANOTHER SCHOOL OR RELEASED TO STUDENT.*