



Authorization for Release of Educational Records

To LeMoyne-Owen College:

I, _____, the undersigned, hereby authorize LeMoyne-Owen College to disclose and/or release the information indicated from my educational records at LeMoyne-Owen College, to the person listed below:

Name: _____

Email Address: _____

Phone: _____

(please check the specific box):

Unofficial Transcript

Student Financial Account Summary

Academic File

Residential Life Records

Student Conduct Record

Other: _____

Student Employment Records

A facsimile or photocopy of this Authorization shall be considered as effective and valid as the original. I hereby release LeMoyne-Owen College and its employees and agents, from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the LeMoyne-Owen College's good faith compliance with this Authorization.

Date: _____

Student Signature: _____

Witness Signature: _____

Print Name: _____

Date of Birth: _____

Student ID#: _____

Print Witness Name on Line Below: _____

Address: _____

City: _____ State _____ Zip Code _____

An official photo ID of the student must be included with the submission of this form.