



Student Information Release

Name of Student Making the Request: _____
(Please print clearly, Last Name, First Name, M.I.)

LWTech Student ID Number: _____
(This is not the same as social security number however, it is possible to find students by social security number)

Person or office I am authorizing to release information: _____ **Financial Aid** _____
(Name of LWIT Staff or Faculty Name)

Person, business, employer, school, or other party I am authorizing release of information to: _____ **LWTech Foundation** _____
(List employer or institution to receive the information)

These are the specific items I am authorizing to be released (check all that apply):

Information as it relates to my entire academic experience at LWTech, including, but not limited to: high school status, international student status, GPA, grades, attendance, performance, in courses, and other student record information as needed

___ Information as it relates to particular course(s): _____
(Specify course number(s) and when taken)

Information as it relates to any student activity involvement.

___ Information is to be released through: _____
(Specify length of time by giving last date to release information)

Other (please specify): _____ **Financial Aid Application and Need information** _____

My signature below signifies an unconditional release of information for the period of three years beyond my last quarter of attendance unless otherwise indicated in #5 above.

Student's Signature _____

Date Signed _____