

**LAKE AREA TECHNICAL INSTITUTE
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Under the **Family Education Rights and Privacy Act of 1974 (FERPA)**, written consent must be obtained prior to disclosure of any identifiable data for any requests other than the following:
 School officials of other schools in which the student intends to enroll, authorized representatives of state or federal agencies, authorized persons in connection with a student's application for, or receipt of financial aid.

I, _____ authorize Lake Area Technical Institute to release the following records.
 (PLEASE PRINT FULL NAME)

Check the statement(s) that apply:

- ___ **All Financial Aid Records** (records include: status of file, award and disbursement of fund information, Satisfactory Academic Progress status, income information, financial aid repayments, and any other information contained in the application or financial aid file (cannot include parents income tax info).
- ___ **All Student Account Records** (records include: **amount due for tuition and fees**, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, institute generated fines, and any other accounts receivable information contained in the student account records).
- ___ **Instructor/Classroom Records** (records include: attendance records, progress reports, test and homework scores, if available).
Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student.

The Registrar's Office will not give out information regarding grades to anyone without the written permission of the student and never over the phone.

The following individual(s) or agencies are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

_____ Relationship to Student
 Full Name of Individual

_____ Relationship to Student
 Full Name of Individual

Although I understand I am not required to release this information, by signing this document I am giving my consent to LATI to disclose these records. I also understand that this release remains in effect until I terminate enrollment at LATI, unless I revoke my consent in writing and deliver it to the Registrar's Office.

_____ _____ _____
 LATI ID # SIGNATURE OF STUDENT Date of Birth Today's Date