



**Third Party Release of Information
Family Educational Rights and Privacy Act**

Student Name: _____

Social Security Number: _____

OR

Student ID Number: _____

Complete and sign the Full Release OR the Limited Release

Full Release

I hereby authorize Lincoln University of Missouri to release information concerning my student record to:

Name: _____ Relationship _____

Address: _____

I understand that this authorization will remain in effect until I revoke it in writing.

Student Signature: _____

Date: _____

Limited Release

I hereby authorize Lincoln University of Missouri to release information concerning my student record only in the following areas:

____ Academic Standing and Grade Mailers

____ Student Account Information

Name: _____ Relationship _____

Address: _____

I understand that this authorization will remain in effect until I revoke it in writing.

Student Signature: _____

Date: _____

Submit Completed Form to the Records Office
