

**LMU LOYOLA LAW SCHOOL
AUTHORIZATION TO RELEASE STUDENT APPLICATION INFORMATION**

STUDENT INFORMATION

Student Name _____

LSAC # _____

Former Name (if any) _____

Birth Date _____

Daytime Telephone _____

INFORMATION TO BE RELEASED FROM: The Office of Admissions at LMU Loyola Law School

I hereby authorize LLS to release the application information and/or records identified below to the person(s) identified below.

Name of Individual

Address

Email Address

Purpose or need for this information is: _____

TYPE OF INFORMATION TO BE RELEASED:

TYPE OF RECORD

DATES OF RESTRICTION (IF ANY)

- Application Status
- Decision
- Deposit Information
- Other (specify) _____

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

STUDENT AUTHORIZATION TO RELEASE EDUCATION INFORMATION

I consent to this release of application records, as well as the right to revoke this consent. Further, I recognize and understand that a copy of the disclosed records must, upon request, be provided to me.

Date

Signature of Student

COMPLIANCE WITH REQUEST (Office Use Only)

The undersigned certifies that the above-captioned Request and/or Authorization for Release of Application Records was complied with, on (date) _____ via:

Email to: _____

[LLS Staff Signature]

[Print LLS Staff Name]