



Student Information Release

1. Name of student making the request: _____
(Please print clearly, Last Name, First Name, M.I.)

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

3. Person or office I am authorizing to release information:
Financial Aid Office
(Name of LWIT Staff or Faculty Name)

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

5. 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 LWIT, including, GPA, grades, attendance, performance, in courses, etc.

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

6. 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