

Loyola University New Orleans
Authorization of Release

Authorization to disclose:
ACADEMIC-FINANCIAL-DISCIPLINARY
Information

Student's Name: _____ CWID: _____
(please print)

I, _____, authorize Loyola University New Orleans to
(your name)
disclose any and all information from my records to _____.

Information Regarding the *New Authorized Individual*:

Does this person need access to LORA? **YES** or **NO**

Relationship to student: _____

Address: _____

Phone: _____ Email: _____

Student Signature: _____

Today's Date: _____