



Office of the Registrar  
8100 Highway 71 South  
Alexandria, LA 71302  
Phone: (318) 473-6424  
Fax: (318) 473-6418

Date: \_\_\_\_\_

**I hereby authorize the Office of the Registrar to release the following information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

LSUA ID#: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Delivery Method</b>	
<i>(Please check one):</i>	
• To Pick UP	<input type="checkbox"/>
• Mail Now	<input type="checkbox"/>
• Fax	<input type="checkbox"/>
Fax#: _____	
• Email	<input type="checkbox"/>
Email: _____	

**I authorize permission to release my information to the following party:** \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_ Current Enrollment Verification Letter

\_\_\_\_ Good-Student Discount

\_\_\_\_ Never-Attended Verification Letter

\_\_\_\_ In-School Deferment Request

\_\_\_\_ Degree Verification Letter

\_\_\_\_ Student Worker Verification Form

\_\_\_\_ Good Standing & Eligible to Continue Letter

\_\_\_\_ Verification of Student Information

\_\_\_\_ Enrollment History Letter

\_\_\_\_ Apostille/Certification of Documents

\_\_\_\_ Student Education Request

\_\_\_\_ Student Contact Information Request

\_\_\_\_ Authorization to Release Information

\_\_\_\_ Other: \_\_\_\_\_

*Revised: 2022*

**For Office Use Only:**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_