



FERPA CONSENT TO RELEASE STUDENT INFORMATION TO:

Lockhart Independent School District

I, _____ Consent to releasing information such as:
First and Last Name

- Address
- Transcript
- FAFSA Results
- Academic Resume
- College Board Exam Results

The information is to be released for the following purpose:
Consideration for Academic Award Nominations
College Recruiting

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester.

Name (print) _____

Signature _____

Parent Name _____

Signature _____

Student ID Number _____

Graduation Year _____

Date _____