

**AUTHORIZATION FOR RELEASE
OF STUDENT INFORMATION**

I, _____,

authorize Lakeside School of Massage Therapy to release the following information to:

- ___ Attendance Report
- ___ Progress Report
- ___ Pell Eligibility
- ___ Financial Aid Information
- ___ Student Account Information
- ___ Enrollment Agreement
- ___ Social Security Number
- ___ Other _____

Student Signature

Date

Sent By

Date