

North Park University Authorization for Release of Information



Under federal legislation, namely the Family Edu understand that my educational records cannot be Affidavit of Dependency certified by my parent of	e released without my written p	
Ī	hereby	authorize release of my
(please print name) educational records* by North Park University to educational progress:	•	·
Name of person	Relationship	SSN** Last 4 digits only
1.		
2.		
3.		
4.		
 **If individual does not have a Social Security Number. It cannot be the same number as other individuals. Authorized individuals will be required to give the digit number) each time they will contact North Park is student's confidential information. Unless the University official that is contacted has release information immediately upon request. In this the authorized party to allow for the University to follows: 	als on this form. e last four digits of their Social Se University to receive any informat s direct access to the student relea s case, the official will schedule a j ow information protection and rel	curity Number (or other four ion. This is to protect the use form, the official may not follow-up call or meeting with
Please add any additional notes or comments as r	necessary.	
This authorization will be in effect from the date in writing that I want to rescind my consent and/o	•	·
Signature of Student	Date	
Student ID#		

*Examples of Educational Records include, but are not limited to, student's telephone listing, grade, student billing, financial aid award, discipline and/or medical treatment records.