

## North Park University Authorization for Release of Information



understand that my educational records cannot be Affidavit of Dependency certified by my parent I,		by authorize release of my
(please print name) educational records* by North Park University teducational progress:		
Name of person	Relationship	SSN** Last 4 digits only
1.		
2.		
3.		
4.		
<ul> <li>**If individual does not have a Social Security I here. It cannot be the same number as other individuals. 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 student's confidential information.</li> <li>Unless the University official that is contacted herelease information immediately upon request. In the the authorized party to allow for the University to formation.</li> </ul>	uals on this form. The last four digits of their Social So	Security Number (or other four ation. This is to protect the lease form, the official may not a follow-up call or meeting with
Please add any additional notes or comments as	necessary.	
This authorization will be in effect from the date in writing that I want to rescind my consent and		

\*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.

Student ID#