NORTH PARK UNIVERSITY

North Park University
Authorization for Release of Information

Under federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I,_____hereby authorize release of my
(please print name)
educational records* by North Park University to the following people for the purpose of academic and educational progress:

Name of person	Relationship	SS# Last 4 digits only
1.		
2.		
3.		
4.		

- *Authorized individuals will be required to give the last four digits of their Social Security Number each time they will contact North Park University to receive any information. This is to protect the student's confidential information.*
- *Unless the University official that is contacted has direct access to the student release form, the official may not release information immediately upon request. In this case, the official will schedule a follow-up call or meeting with the authorized party to allow for the University to follow information protection and release procedures.*

Please add any additional notes or comments as necessary.

_____

_____

This authorization will be in effect from the date this release was signed until I notify North Park University in writing that I want to rescind my consent and/or I withdraw or graduate from the institution.

_____ _____
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.

Please return this completed form to 3225 West Foster Avenue, Box #9, Chicago, Illinois 60625
or by fax at 773-244-4954