



## RELEASE OF STUDENT INFORMATION AUTHORIZATION

In compliance with the Freedom of Information and Protection of Privacy Act, Northwest Community College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

<b>Contact Information</b>			
NAME			
ADDRESS		CITY	PROVINCE
POSTAL CODE	STUDENT NUMBER	PROGRAM	
PHONE NUMBER		EMAIL	

<b>Part A—Type of Release</b>									
<p><b>This form authorizes Northwest Community College to release the following information to the person/organization indicated below.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Application &amp; Admission Information</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Tuition &amp; Fee Information</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Registration Information</td> <td style="padding: 5px;"><input type="checkbox"/> Government/Private Loan Information</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc.</td> <td style="padding: 5px;"><input type="checkbox"/> Awards Information</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Application & Admission Information	<input type="checkbox"/> Tuition & Fee Information	<input type="checkbox"/> Registration Information	<input type="checkbox"/> Government/Private Loan Information	<input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc.	<input type="checkbox"/> Awards Information		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Application & Admission Information	<input type="checkbox"/> Tuition & Fee Information								
<input type="checkbox"/> Registration Information	<input type="checkbox"/> Government/Private Loan Information								
<input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc.	<input type="checkbox"/> Awards Information								
	<input type="checkbox"/> Other: _____								

<b>Person/Organization Authorized to receive the above information for the duration of the release</b>		
<b>Relationship to you:</b>		
<input type="checkbox"/> Relative <input type="checkbox"/> Organization <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____		
NAME		
ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER	FAX NUMBER	EMAIL

<b>PART B—Duration of Release</b>	
Start Date (MM/DD/YYYY): _____	End Date (MM/DD/YYYY): _____

<b>Student Approval</b>	
<input type="checkbox"/> I wish to <b>REVOKE</b> my authorization to release information to the designate mentioned above.	
By signing below, I hereby authorize Northwest Community College to release my information indicated in <b>Part A</b> to the person/organization indicated for the specified period of time.	
STUDENT SIGNATURE	DATE

FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_