Northland Ploneer College RECORDS & REGISTRATION

RELEASE OF STUDENT INFORMATION

Name of Student:	First Name		ARLEIN T SOLI	
Last Name Student ID Number:		Date:	Middle Initial	
This form is valid for one year. If valid for mo	re or less than one year, pleas	e identify beginning	and ending dates:	to
This form allows students to grant access to Business Office and/or Financial Aid Office Access to all educational records or Access to specific educational records	ce to another person, agenc	y or school. Chec	k the box(es) that apply b	elow.
The college prohibits the release of certai and/or fax. The college also prohibits the				s) via phone, e-mail
This access/permission may be granted to: school. Person must provide photo ID if access		d date of birth (De	OB) if applicable for each	person, agency or
Name:		DOB (if applic	able):	
Address:				
Name:		DOB (if applic	able):	
Address:				
□ Northern Arizona Vocational Institut	e of Technology (NAVIT), 95	1 West Snowflake	Blvd., Snowflake, AZ 85937	
Check the box above if you wish to include NA	VIT in the release of student in	nformation.		
I hereby give my permission for Northland Pio release the information above to the specific pe as indicated. I understand that this information to any entity named above either in writing or be making a reasonable attempt to verify the identity	I hereby authorize the above entity to act as my proxy to process transactions at NPC following a reasonable attempt by the college to verify the identity of the person. I further understand that I am responsible for any decisions made by my proxy on my behalf. I understand that I remain responsible for complying with all applicable requirements, policies, deadlines, charges, penalties, or grades.			
(Signature of Student- Required) Da	te	(Signature of Student- Required) Date		
Official Witness (NPC/NAVIT/school representativ	e)	Printed Name	Site	Date
	0, before me a notary publace as identifications are for the purposes therein c	lic, the undersigned ation, to be the pers		
			Notary Pu	
		My commissi	on expires on theday	v of, 20
I hereby give my permission for Northern Arizona agency or school as indicated. I understand that this reasonable attempt to verify the identity of the personable	s information may be released dire on. This form is valid for one year	from the date of signa	ed above either in writing or by ture.	
	(Signature of Student – Re	equired)	Date	

Original form must be sent to the Records & Registration Office. Available for other college departments upon request.