Northland Ploneer College RECORDS & REGISTRATION

RELEASE OF STUDENT INFORMATION

Name of Student:					
Last Name Student ID Number:	First Name	Date:	Middle	Initial	
This form is valid for one year. If valid f		ase identify beginn	ing andending dates:		to
This form allows students to grant ac Business Office and/or Financial Aid Access to all educational records or Access to specific educational rec	Office to another person, ager	ncy or school. Ch	neck the box(es) that a	apply below.	
The college prohibits the release of and/or fax. The college also prohibit his access/permission may be granted gency paying your bill or counselor from your bill or	s the release of <u>student ID nun</u> to: (<i>List full name, address, an</i>	nbers and login in and date of birth (L	nformation. OOB) if applicable for		
Name:		DOB (if app	licable):		
Address:					
Name:		DOB (if applicable):			
Address:					
_	nstitute of Technology (NAVIT),		ke Blvd., Snowflake, Az	Z 85937	
Check the box above if you wish to include					
I hereby give my permission for Northlar release the information above to the spec as indicated. I understand that this inform to any entity named above either in writin making a reasonable attempt to verify the	ific person, agency or school nation may be released directly ag or by telephone after	transactions verify the ic responsible understand t	horize the above entity to at NPC following a reast lentity of the person. I fif for any decisions made b hat I remain responsible s, policies, deadlines, cha	sonable attempt urther understar by my proxy on a for complying	t by the college to nd that I am n my behalf. I with all applicable
(Signature of Student- Required)	Date	(Signatur	re of Student- Required)	Date	
Official Witness (NPC/NAVIT/school represe	entative)	Printed Name	Sit	e	Date
A Notary Public <u>must</u> be used if <u>not</u> y	vitnessed by an NPC/NAVIT/scl	hool representativ	7e.		
State of Arizona) SS: County of) On this, the date of known to me or who has produced (type and acknowledged that he/she executed In witness hereof, I hereunto set my har	, 20, before me a notary pue)as identified the same for the purposes therein	fication, to be the p			e within instrumen
		_		otary Public	
		My commi	ssion expires on the	day of	, 20
I hereby give my permission for Northern A agency or school as indicated. I understand the reasonable attempt to verify the identity of the school as a school as the school as the school as a school as the school aschool as the school as the school as the school as the school as	hat this information may be released d	irectly to any entity r	named above either in writing		
	(Signature of Student – I	Required)	Date	PRINT	SUBMIT

PUBLIC NOTICE OF NONDISCRIMINATION: Northland Pioneer College does not discriminate on the basis of race, color, national origin, veteran status, religion, marital status, gender, age or disability in

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