



Office of Financial Aid

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**Permission to Release
Student Record Information**

I, _____, Social Security No. _____,
Please print

Parkland Student I. D. _____ give permission for Parkland College to release the following information to _____ upon written, notarized request or in-person with proper identification. I understand that no information other than directory information (as specified under the Family Educational Rights to Privacy Act) will be discussed in a manner other than stated above.

The items listed below may be released per this permission form. (Check all that apply.)

- Financial Aid Information
- Proof of Enrollment
- Course Schedule
- Grade Report
- Tuition Bill
- Academic Progress
- Other _____

I understand that this release is valid until it is amended or revoked by me in writing.

Please initial the following.

_____ I have read this form carefully and understand the implications of releasing my educational record.

Student's Notarized Signature _____

Date _____

State of Illinois
County of _____

Signed and sworn (or affirmed) to me on _____ by _____
(date) (name of person making statement)

Signature of Notary Public

Office of Financial Aid Use Only	
Updated by _____	Date _____