



2400 W. Bradley Avenue
 Champaign, IL 61821
 Telephone: 217-351-2200
 Fax: 217-353-2640

Permission to Release Student Record Information

Return completed form to:
 Admissions/Records/Financial Aid/Veteran Services/Academic Advising

Subject to certain exceptions set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Parkland College will not provide personally identifiable student information (including but not limited to grades, billing, tuition and fees assessments, financial aid and other student records) to third parties absent the student's consent. Third parties include parents, spouses and third-party designees.

I, _____, Parkland Student ID: _____ give permission for
 Parkland College to release the following information to (please print):

- 1) _____
- 2) _____
- 3) _____

upon written, notarized request. Parkland College has free notary services for in-person requests.

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

- Financial Aid Information
- Course Schedule
- Grade Report
- Tuition Bill
- Academic Progress
- Send Assessment Testing Information to: _____
 - Email: _____
 - Fax: _____
 - Mail: _____
- Other _____

I understand that this release is valid for the duration of my enrollment at Parkland College, or 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

Parkland College Office Use Only

Processed by: _____ Date: _____