

2400 W. Bradley Avenue, U-286 Champaign, IL 61821-1899

Telephone: 217-351-2200 Toll-Free: 800-346-8089

Permission to Release **Student Record Information**

Admissions/Records/Financial Aid/Veteran Services/Academic Advising

Subject to certain exceptions set forth in the Fe Parkland College will not provide personally ide billing, tuition and fees assessments, financial consent. Third parties include parents, spouses	entifiable student information and other student re	ation (including but not limited to grades, ecords) to third parties absent the student's
I,, Par	rkland Student ID:	give permission for
Parkland College to release the following inform	mation to (please print):	
1)		
2)		
3)		
upon written, notarized request or in-person wi		
The items listed below may be released per thi		eck all that apply.)
☐ Financial Aid Information		
☐ Course Schedule		
☐ Grade Report		
☐ Tuition Bill		
☐ Academic Progress		
☐ Other		
I understand that this release is valid for the du or revoked by me in writing.	ıration of my enrollment	at Parkland College, or until it is amended
Please initial the following:		
I have read this form carefully and	d understand the implica	ations of releasing my educational record.
Student's Notarized Signature:		Date:
State of Illinois County of		
Signed and sworn (or affirmed) to me on:	(Date) by:	(Name of person making statement)
		Signature of Notary Public
Parkla	and College Office Use O	Only
Updated by:		Date: