

# North Park University

## Authorization for Release of Information

Under federal legislation, namely the Family Educational Rights and Privacy Act of 1974 (FERPA), I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, \_\_\_\_\_ hereby authorize release of my  
(please print name)  
educational records\* by North Park University to the following people for the purpose of academic and educational progress:

Name of person	Relationship	SSN** Last 4 digits only
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