



2400 W. Bradley Avenue  
 Champaign, IL 61821  
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# Permission to Release Student Record Information

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

<b>Parkland College Office Use Only</b>	
Updated by: _____	Date: _____