



PARKLAND COLLEGE  
Permission to Release Education Record Information

I, \_\_\_\_\_, SSN: \_\_\_\_ - \_\_ - \_\_\_\_, 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 other 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 release (Check all that apply)

Proof of Enrollment

Course Schedule

Grade Report

Tuition Bill

Information concerning degree 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 \_\_\_\_\_

**Office of Admissions and Records Use Only**

Updated by \_\_\_\_\_ 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