



Release of Information

Name _____ **Student ID** _____

This release permits the individual(s) and/or third party program(s) the below the ability to either view and/or make changes to my educational records, request official documents, or otherwise conduct educational business on my behalf (drop/add classes, order transcripts).

In accordance with the Family Educational Rights and Privacy Act, College officials may discuss details of all educational records to whom, I've listed below, including grades, class schedule, academic standing (probation, etc.), disciplinary records and financial information.

I hereby give my permission to release the information indicated below to the following person(s) and/or program(s):

Name _____ Title _____

Name _____ Title _____

Program _____ Location _____

Check the information that is authorized to be released:

- Final Semester Grade Report
- Financial Statements
- Lesson Progress Reports

I understand this release is in effect as of the date below until revoked in writing to the Office of the Registrar.

Signature of Student _____ **Date Signed** _____

Mail:
Office of the Registrar
Portland Bible College
9150 NE Fremont St.
Portland, OR 97220

Fax:
503.889.5708

Email:
CLMarin@portlandbiblecollege.org