



**PORTLAND
BIBLE COLLEGE**

Release of Information

Name _____ Student ID _____

In accordance with the Family Educational Rights and Privacy Act, I hereby give my permission to release the information indicated below to the following person(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Check the information that is authorized to be released:

- ☐ Final Semester Grade Report
- ☐ Financial Statements
- ☐ Class Schedule
- ☐ Other _____

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:

RLayzell@portlandbiblecollege.org