

EDUCATION RECORD INFORMATION RELEASE FORM

Return completed form to: NUNM Business Office bjackson@ncnm.edu fax: 503-499-0025

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may choose to complete and submit this Release Form to the Busines Office to allow access or release of their educational finance record.

Student Information	(please print)					
last name		firs	st name		ID Number	
The undersigned does he the following educations				Natural Medicine	to release	
Please check all that app	oly:					
	Finance		Including tuition and fees balances, payment history, financial holds, mailing and billing address, payment plans, billing			
				atements, and collections and debt information lease be specific)		
Release To (Recipient)			Relationship to Student:			
last name, first name (or organ Address:	nization name, if applic	able)				
					ified information to the recipient collment unless I revoke this	
Student Signature			Date	e		
Office Use Only						
Action Taken:	Completed:	Filed:	Held:	Other:		
Date:			By:			

Updated 12/14/2015