

National University of Natural Medicine
Release of Information Form

I, _____, the undersigned, hereby authorize the following individual, agency, institution or organization, NUNM (Records Custodian), to release and provide to:

Name: _____

Address: _____

Fax: (_____) _____ - _____ with copies of documents as may be listed below. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

Student Information:

Student Name (Last, First, Middle): _____

Address: _____

Phone: (_____) _____ - _____ Date of Birth (mm/dd/yy): ____/____/____

Requested Information or Documents:

- Student academic report
- Student enrollment status
- Background check information
- Immunization and/or TB test results
- Other (Please explain in detail): _____

NOTE: I understand that this release is valid for a period of one hundred and twenty (120) days. I further understand that I may cancel or revoke this authorization at any time in writing.

Dated this _____ day of _____, _____

By my signature below, I consent to the release of the above listed information / documents.

Printed Name of Student: _____

Signature of Student: _____