



# 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 Statement
- 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:  
CLMarin@portlandbiblecollege.org