

INFORMATION RELEASE

Student Name _____ Date _____

I allow Northwest College of Art to release the following records (please be specific):

_____ Transcripts

_____ Other _____

to the following individual(s):

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

Dates this release is effective for:

_____, 20__ to _____, 20__

Purpose of the disclosure:

Student signature _____ Date _____

Northwest College of Art representative _____ Date _____