



## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information. All lines in this form must be answered or this authorization is invalid.

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Individual One (Print Full Name) Relationship to Student

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Security Question for Individual One Response to Security Question Individual One

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Individual Two Optional (Print Full Name) Relationship to Student

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Security Question for Individual Two Response to Security Question Individual Two

### Purpose of Disclosure

This information may include, but is not limited to: (Check all that apply)

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Performance
<input type="checkbox"/>	Account Information	<input type="checkbox"/>	Disciplinary	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Achievement(s)	<input type="checkbox"/>	Financial Aid		

I understand, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be required and I may be contacted for such a release at a later date.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed below and will continue in effect until my written termination.

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Student Signature (signed in ink) Date Signed

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Print Full Name of Student Student ID#

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Other Name(s) Used Email Address

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Permanent Address (Street) Address (City, State, Zip)

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Cell Phone Number Home Number

### Return Completed Form to:

**Park University**  
8700 NW River Park Dr  
Box 27 Registrar  
Parkville, MO 64152  
registrar@park.edu