



Northland Pioneer College
RELEASE OF STUDENT INFORMATION
(NAVIT included)

This form authorizes release of **only** the information **initialed** below:

- | | |
|--|--|
| <input type="checkbox"/> Current Class Schedule | <input type="checkbox"/> Copy of unofficial/official (R&R pickup + fee) transcript
(cannot be mailed, faxed or emailed) |
| <input type="checkbox"/> Current grades for period covered by this release | <input type="checkbox"/> Cumulative Grade Point Average |
| <input type="checkbox"/> Copy of degree Audit | <input type="checkbox"/> Copy of transfer course evaluation results |
| <input type="checkbox"/> Copy of Placement Test scores/results | <input type="checkbox"/> Current academic standing in individual classes |
| <input type="checkbox"/> Degree Intent | <input type="checkbox"/> Copy of Financial Aid Status |
| <input type="checkbox"/> Classes needed to complete degree | <input type="checkbox"/> Current financial status with college |
| <input type="checkbox"/> Anticipated Date of Graduation | <input type="checkbox"/> Class attendance information |
| <input type="checkbox"/> Student conduct information | <input type="checkbox"/> Local address |
| <input type="checkbox"/> Degree/Certificate earned | <input type="checkbox"/> Home address |
| <input type="checkbox"/> Student ID Number | |
| <input type="checkbox"/> Other: _____ | |

This information may be released to: **(List full name and address for each person, agency or school who may receive the information initialed above.)**

- | | |
|--------------------------------|--|
| 1. Parent: _____
_____ | 3. Other: _____
_____ |
| 2. High School: _____
_____ | 4. NAVIT Superintendent's Office: _____
951 W. Snowflake Blvd., Snowflake, AZ 85937 |

I hereby give my permission for **Northland Pioneer College (NPC)** to release only the information initialed above to the specific person, agency or school indicated. I understand that this information may be released directly to any entity named above either in writing or by telephone *(except unofficial transcripts which can only be released directly to an individual)* after making a reasonable attempt to verify the identity of the person. This form is valid for one year from the date of signature.

If valid for less than one year, please identify inclusive dates: _____ to _____
If more than one year: _____ to _____

_____ Student's Signature	_____ Student's Printed Name	_____ Date	_____ NPC Student ID #
_____ Official Witness (College representative or NAVIT/school contact)	_____ Printed Name	_____ Site	_____ Date

A Notary Public must be used if not witnessed by an NPC/NAVIT/school representative.

State of Arizona)
) SS:
County of _____)

On this, the _____ date of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me or who has produced (type) _____ as identification, to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public
My commission expires on the _____ day of _____, 20____

I hereby give my permission for **Northern Arizona Vocational Institute of Technology (NAVIT)** to release only the NPC-provided information initialed above to the specific person, agency or school as indicated. I understand that this information may be released directly to any entity named above either in writing or by telephone after making a reasonable attempt to verify the identity of the person. This form is valid for one year from the date of signature.

_____ Student's Signature	_____ Student's Printed Name	_____ Date #
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Original form must be sent to the Records & Registration Office. Available for F/A and Advisers to view on shared drive.