



**PACIFIC**  
NORTHWEST UNIVERSITY  
OF HEALTH SCIENCES

## RELEASE OF STUDENT INFORMATION

I, \_\_\_\_\_

**PRINT NAME:** Last First MI

give Pacific Northwest University of Health Sciences permission to discuss my files pertaining to:  
(initial each that apply)

\_\_\_ Financial Aid – File status, award types and amounts, disbursement status

**Contact:** Financial Aid

\_\_\_ Disciplinary – Intervention, Disciplinary Status

**Contact:** Student Affairs

\_\_\_ Billing – Student financial information (tuition, housing, fees, payments)

**Contact:** Student Financial Services

\_\_\_ Academic/Grades – Academic status, grades

**Contact:** Registrar

\_\_\_ All of the above

With \_\_\_\_\_

**PRINT NAME:** Last First MI

This release is in effect from: \_\_\_\_\_ to: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

**PNWU ID:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SIGNED IN THE PRESENCE OF:** \_\_\_\_\_

**Pacific Northwest University of Health Sciences  
Designee/Staff**