



## Authorization to Release Student Information to a Third Party

I, \_\_\_\_\_, Student ID # \_\_\_\_\_ request that the following person(s) be allowed to discuss my student account, registration status and grades with employees/representatives of Northern Baptist Theological Seminary:

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\*Please note that these persons will also need to correctly supply your address and ID number in order to discuss your student account. This Authorization ends upon graduation or withdrawal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Notification placed on SIS by \_\_\_\_\_