



Release of Information Diploma/Transcript and GED

Release of High School Diploma/Transcript:

Current Name of Student _____
First Middle Last

Name, if different from above _____
First Middle Last

Identification Number Used _____

Current Mailing Address _____
Street City Zip Code

Phone _____ Date of Birth _____

Name of High School _____

High School Address _____
Street City Zip Code

I, the undersigned, consent to the release of my student records

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Parental/Guardian authorization signature is required if student is currently enrolled in High School or under 18 years of age)

Release of GED:

Current Name of Student _____
First Middle Last

Name, if different from above _____
First Middle Last

Identification Number Used _____

Current Mailing Address _____
Street City Zip Code

Phone _____ Date of Birth _____

City and State Where Student Tested: _____ Year Tested: _____

The GED® student listed above must sign and date this release of information form.

I, the undersigned, consent to the release of my college/university records

Student's Signature _____ Date _____

Mail to:
North Portland Bible College
Attn: Registrar's Office
P.O. Box 11437
Portland, OR 97211