



Northern
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University

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Release of Confidential Information For One-Time Use Only

This will authorize

DATE: _____

1. _____
(Name, Title, Agency)

2. _____
(Name, Title, Agency)

3. _____
(Name, Title, Agency)

To release _____ records
(Enter all or specify limitation)

On my _____
(Enter self or, if for a minor, specify relationship and full name)

To:

1. _____

2. _____

3. _____

4. _____

Name: _____ Witnesses: 1. _____
(Printed)

(Signature) 2. _____