Document Release Form

In accordance with the Personal Information Protection Act (PIPA), Adler University, Vancouver Campus requires authorization from its students prior to the access and/or release of student records.

I __________________________________________________, Print name
on ________________________________________________ Today’s date
release access of my educational and personal information and records maintained by Adler University to:

1. ______________________________  __________________
   Name                                                Relationship

2. ______________________________  __________________
   Name                                                Relationship

Please note: If you would like to edit the list of family or friends that have access to your records, you must inform the Registrar’s Office in writing.

______________________________
Student Signature