

THIRD PARTY AUTHORIZATION

\_\_\_\_\_  
(Student's Full Name)

I hereby authorize, **Capital Area School of Practical Nursing, 2201 Toronto Road, Springfield, IL 62712**, to release information as indicated below, to the following organization/ individual

\_\_\_\_\_  
(3<sup>rd</sup> Party Designee)

Documents/Records authorized for release (mark each item to be included):

- Acceptance Letter
- Class Schedule
- Attendance Records
- Academic Transcript(s)
- Financial Aid Offer (Award) Letter
- Student Account billing information
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address.

**Third Party Designee Information**

\_\_\_\_\_  
3<sup>rd</sup> Party Designee's Full Name (organization or individual)

\_\_\_\_\_  
Current Address (Street/PO Box, Apt,)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
Daytime Phone

**Student Information**

\_\_\_\_\_  
Student Full Name

\_\_\_\_\_  
Current Address (Street/PO Box, Apt)

\_\_\_\_\_  
(City, State & Zip)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date