



ST. MARK'S COLLEGE

THIRD PARTY AUTHORIZATION – INFORMATION RELEASE FORM

Effective from (date) _____ to (date) _____.

I, _____ (print name), hereby give St. Mark's College permission to release my information to the following people:

NAME	RELATIONSHIP

about the following items related to my enrolment at St. Mark's College (check one or more boxes):

ITEM	✓
Financial Issues (account balance & transactions)	
Grades (Fair Warning & Final)	
Speak with my professors about my academic performance	
Request transcripts or Confirmation of Enrolment	
Other (explain)	

Signature: _____

Date: _____

To make any changes to the permissions you have agreed to on this form, you must submit a signed and dated letter to St. Mark's College stating the amendments you want made.