



Release of Educational Information

I _____ authorize the National
(student's full/legal name)

Labor College to release my _____
(educational record/s to be released)

to the following:

(name/s)

(department)

(organization)

(street address)

(city) (state) (zip)

(Phone)

Purpose for release _____

***This release will remain in effect until specifically rescinded in writing by the student. The National Labor College assumes no liability as a result of honoring your request.*

Signature _____ Date _____

NLC Student ID _____ Last 4 digits of SSN _____

DOB _____ E-Mail _____

Return to:
Registrar's Office, National Labor College, 10000 New Hampshire Ave.,
Silver Spring MD 20903 Fax: (301) 628-0160

