



RELEASE OF INFORMATION FORM

The Release of Information form allows NUNM to review your history for any criminal misdemeanors, felonies, and/or presence on an abuse registry for children, dependent adult or sex abuse. All information gathered by the screening is covered by the Family Educational Right and Privacy Act (FERPA) and is used only to determine admission and matriculation.

I, _____, the undersigned, hereby authorize CastleBranch to release and provide to National University of Natural Medicine:

Requested Information or Documents:
[X] Results of Student Background Check

STUDENT INFORMATION

Last _____ First _____ MI _____

Phone: (_____) _____ - _____ Date of Birth (mm/dd/yy): ____/____/____

ACKNOWLEDGEMENT

I understand the purpose of the request and my authorization is hereby granted voluntarily. I further understand that I may cancel or revoke this authorization at any time in writing. By my signature below, I consent to the release of the above listed information / documents.

Printed Name of Student: _____

Signature of Student: _____ Date: _____