

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize New England Law | Boston to release non-directory and related information regarding my enrollment at NEL|B to the following person (s), departments, or institutions.

Name of person, department, or institution

Address

City, State, Zip

The information to be released is designated by my initials in the appropriate space.

Transcript Only

Scheduling and registration documents

Financial and billing materials

Records of disciplinary proceedings

Other: _____

All information regarding my enrollment at New England Law without limitation

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily, knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of a written statement to New England Law.

Student's Signature

Date

Student's Name (please print)

Student's Identification Number