

REQUEST AND CONSENT TO RELEASE OF EDUCATION RECORDS

Requested by (Student):

Last Name First Name Student Identification #

Release to (Recipient):

Recipient's Name Address City, State, Zip

Telephone # Email Address

Education record information to be released (Please place a checkmark by information to be released):

- All education records of the University applicable to the above identified student
- OR**
- Bursar
- Office of Institutional Research
- Financial Aid
- Placement Center
- Academic Departments
- Records & Registration
- Housing
- Student Rights and Responsibilities
- Other (Or more specific record): _____ (Attach Additional Page if necessary)

This Release is in effect from _____ (MM-DD-Year) to _____ (MM-DD-Year).

I give permission to SIU to release the specified information to the recipient listed above for the time period indicated above for the purpose of _____.

THIS CONSENT IS NOT VALID UNLESS SIGNED IN THE PRESENCE OF A UNIVERSITY OFFICIAL OR IS NOTARIZED. UNIVERSITY OFFICIALS WILL REQUEST PHOTO IDENTIFICATION.

Student Signature Date

University Official Printed Name, Title and Signature



Place Notary Stamp in Box

Subscribed and Sworn to before me this ____ day of _____, 20__.

Notary Public Signature

My Commission expires: _____