



ILLINOIS STATE UNIVERSITY
Office of the University Registrar

**FERPA Waiver
 Permission to Release Education Record Information**

Requested by (Student):

Last Name	First Name	Student Identification Number
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Release To (Recipient):

Recipient's Name	Address	City, State, Zip
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Telephone Number	Email Address
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Education record information to be released (Please place checkmark by information to be released):

- Advisor and/or Instructor
- Grades
- GPA
- Class Schedule

- Degree
- Other (Specify)

Release is valid from _____ (MM-DD-YEAR) to _____ (MM-DD-YEAR).

I give permission to Illinois State University to release the specified information to the recipient listed above for the time period indicated.

Student Signature	Date
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This form should be filed in person with the Office of the University Registrar. Students will need picture identification and should submit the form at the Registrar Service Center located in 107 Moulton Hall. **If this form is not filed in person, the signature and stamp of a Notary Public is REQUIRED.** If you will be having this form notarized, please complete the notary section found on the reverse side of the form.

STATE OF _____, COUNTY OF _____, ss.:

On this day, personally appeared before me

_____,
known to be the person(s) described in and who executed the within and foregoing instrument, and
acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes
therein mentioned.

Witness my hand and official seal hereto affixed

this _____ day of _____, _____.

Notary Public in and for the State of _____.

My commission expires _____.