FERPA Waiver
Permission to Release Education Record Information

Requested by (Student):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student Identification Number</th>
</tr>
</thead>
</table>

Release To (Recipient):

<table>
<thead>
<tr>
<th>Recipient’s Name</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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 ________________.