



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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I give permission to Illinois State University to release my academic information to the recipient listed above for the time period indicated. Academic information includes:

- Grades/GPA
- Registration
- Class Schedule
- Academic/Degree progress

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

If checked, I also grant permission for my **advisor(s) and instructors** to release my academic information to the recipient.

Student Signature

Date

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 _____.