

## FERPA Waiver Permission to Release Education Record Information

## **Requested by (Student):**

Last Name	First Name	Student Identification Number
Release To (Recipient):		
Recipient's Name	Address	City, State, Zip
Telephone Number	Email Address	
Educational record informa	tion to be released. (Please place cl	neckmark by information to be released.)
Grades GPA Class Schedule Degree progress	Other (Specif	у)
Release is valid from	(MM-DD-YEAR) to	(MM-DD-YEAR).
I give permission to Illinois for the time period indicate	•	cified information to the recipient listed above

If checked, I also grant permission for my **advisor and instructors** to release the specified 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 \_\_\_\_\_\_.