

# Student Authorization to Release Information

TO: Office of the Registrar, Sherman Hall 110, (309)298-1891

FROM: \_\_\_\_\_  
(print: student's name)

I hereby submit this written authorization allowing the individual(s) listed below to have access to my educational records at Western Illinois University.

I understand that Western Illinois University may release educational information upon receiving written request from the listed individual(s).

\_\_\_\_\_  
(Name) (Relationship)

\_\_\_\_\_  
(Name) (Relationship)

I understand that this request will be honored as long as I am enrolled, or upon my graduation from Western Illinois University. I may rescind this authorization at any time by notifying the Registrar's Office in writing.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Date

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_  
NOTARY PUBLIC

Address \_\_\_\_\_

Seal \_\_\_\_\_