

Student Information Release Authorization

In compliance with the federal *Family Educational Rights and Privacy Act (FERPA) of 1974* and the University's policy on access to and release of student education records, the University is prohibited from providing certain information from your student records to a third party. This includes information on grades, billing, tuition and fees assessments, financial aid and other student record information. The restriction includes, but is not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information from your student records. The specified information will be made available only if requested *in writing* by the authorized third party. The University does not automatically or routinely send information to a third party.

Submit your completed form to the Western Illinois University Office of the Registrar. Please note that your authorization to release information *will expire upon your graduation*; however, you may revoke your authorization at any time by sending a written request to the Office of the Registrar or by bringing your request to 110 Sherman Hall. **NOTE:** For the third party designee you name on this form, this release overrides all exclusion of directory information that you may have set up in your student record and is separate from any Parent/Guest Access you set up through STARS. *Be advised it is University policy not to release certain aspects of student records over the phone or via email.*

This information release authorization is intended for records maintained by offices of the **Registrar, Billing & Receivables, and Financial Aid.**

A. Student Information

NAME (LAST) (FIRST) (MIDDLE INITIAL) STUDENT WIU ID NUMBER _____

CURRENT HOME ADDRESS (STREET/PO, APT, CITY, STATE & ZIP) (_____) - _____
DAYTIME PHONE _____

B. Third Party Designee Purpose of Release:

(One person per form)

NAME (LAST) (FIRST) (MIDDLE INITIAL) SSN (LAST 4 DIGITS ONLY)

CURRENT ADDRESS (STREET/PO, APT, CITY, STATE & ZIP) (_____) - _____
DAYTIME PHONE _____

RELATION TO STUDENT EMAIL ADDRESS

Check one or more of the options below:

- All academic records maintained by the Office of the Registrar
- All financial records maintained by Billing and Receivables
- All financial aid information maintained by Financial Aid
- All Educational Records (Registrar, Billing and Receivables, and Financial Aid)
- Other (Please list.): _____

C. Certification

I understand that this authorization, unless revoked by me in writing and submitted to the Office of the Registrar, will remain in effect as long as I am enrolled at or until I graduate from Western Illinois University.

STUDENT SIGNATURE DATE

State of _____
County of _____
Signed and attested before me on _____
(Date)
by _____
(Name of Person)

Signature of Notary Public _____