



PERMISSION TO RELEASE CONFIDENTIAL INFORMATION
Bachelor of Arts in General Studies Degree Program
Western Illinois University

I, _____ (_____), give my
(Student's name - printed)

Advisor, _____, permission to discuss my academic records/progress
(Advisor's name)

in the BGS degree program with the following individual:

Name Relationship AAN (last 4 digits only)

This permission covers conversations held within the following time frame: _____

The BGS degree program does not automatically or routinely send information to a third party. It is University policy not to release certain aspects of student records over the phone or via email.

I understand this permission covers only conversations with my advisor regarding confidential information about my progress in the General Studies degree program and it cannot be used to obtain a transcript or any other documentation housed at WIU. I understand I may revoke this authorization at any time by sending or bringing a written request to the General Studies degree program office. This authorization, unless revoked by me in writing, will remain in effect for the time period specified above, or until I graduate from Western Illinois University or am no longer actively pursuing the General Studies degree.

Signature of Student Date

State of _____, County of _____

Signed and attested before me on this _____ day of _____, _____
(Date) (Month) (Year)

(Seal) Signature of Notary Public _____