

OFFICE OF THE REGISTRAR
Sherman Hall 110
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Macomb, IL 61455-1390

Phone: (309) 298-1891
Fax: (309) 298-2787
Email: R-Office@wiu.edu
Visit: wiu.edu/registrar

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

A. STUDENT INFORMATION

Name (Last) (First) (Middle Initial) WIU ID Number

Current Home Address (Street or P.O. Box, Apt, City, State and Zip) () -
Daytime Phone

B. THIRD PARTY DESIGNEE Purpose of Release: _____

Name (Last) (First) (Middle Initial) SSN (Last 4 Digits Only)

Current Home Address (Street or P.O. Box, Apt, City, State and Zip) () -
Daytime Phone

Relationship 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's Signature Date

Subscribed and attested to before me this _____ day of _____, _____.
Month Year

Notary Public
(print name): _____
Signature: _____
Business Address: _____

(Seal) _____