

**REQUEST AND CONSENT TO RELEASE OF EDUCATION RECORDS**

**Requested by (Student):**

\_\_\_\_\_  
Last Name                                      First Name                                      Student Identification #

**Release to (Recipient):**

\_\_\_\_\_  
Recipient's Name                                      Address                                      City, State, Zip

\_\_\_\_\_  
Telephone #                                      Email Address

Education record information to be released (Please place a checkmark by information to be released):

- All education records of the University applicable to the above identified student
- OR**
- Bursar                                       Office of Institutional Research
- Financial Aid                                       Placement Center
- Academic Departments                                       Records & Registration
- Housing                                       Student Judicial Affairs
- Other: \_\_\_\_\_ (Attach Additional Page if necessary)

Release is valid from \_\_\_\_\_ (MM-DD-Year) to \_\_\_\_\_ (MM-DD-Year).

I give permission to SIU to release the specified information to the recipient listed above for the time period indicated above for the purpose of \_\_\_\_\_.

**THIS CONSENT IS NOT VALID UNLESS THE STUDENT SIGNS IN THE PRESENCE OF A UNIVERSITY OFFICIAL OR NOTARY PUBLIC.**

\_\_\_\_\_  
Student Signature                                      Date

\_\_\_\_\_  
University Official Printed Name, Title and Signature



Place Notary Stamp in Box

Subscribed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_