



**Southern**  
 Illinois University  
**Carbondale**

## REQUEST FOR THE RELEASE OF STUDENT RECORDS

Office of Records and Registration, Woody Hall A-103, Mailcode 4701, Carbondale, IL 62901  
 Phone 618-453-2999; Fax 618-453-2915

I, \_\_\_\_\_ SIUC ID#: \_\_\_\_\_  
Please print: Last Name, First Name, Middle Name

Hereby request that my academic records be made available upon request to:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

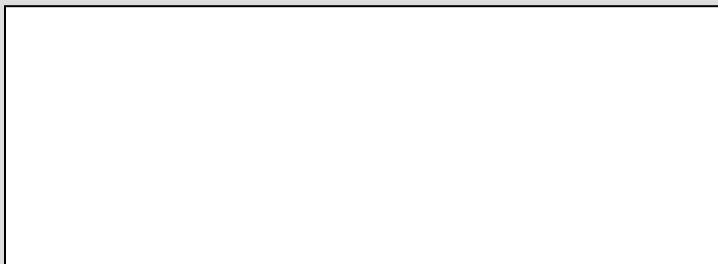
\_\_\_\_\_

\_\_\_\_\_

This request will stay in effect until rescinded by me in writing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: Signature and stamp of a notary is required if this form is not filled out in person at the Office of Records and Registration.



Place Notary Public Stamp in above box.

Subscribed and Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

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

My commission expires: \_\_\_\_\_