



REQUEST AND CONSENT TO RELEASE OF EDUCATION RECORDS

Consent by (Student):

Release to (Recipient):

Recipient's Name Address City, State, Zip

Telephone # Email Address

Personally Identifiable Information from education records I consent to be released (use separate page if necessary):

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

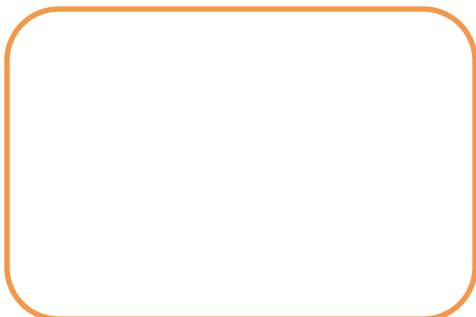
I request that SIU release the specified personally identifiable information to the recipient listed above for the time period indicated above for the following purpose:

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



Subscribed and Sworn to before me this ____ day of
_____, 20___.

[Handwritten signature]

Notary Public Signature

Place Notary Stamp in Box

My Commission expires: _____

By signing above, the Student acknowledges that the University has no agreement with the Recipient identified above prohibiting Recipient from re-disclosing the Student's personally identifiable information.