



REQUEST AND CONSENT TO RELEASE OF EDUCATION RECORDS

Consent by (Student):

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

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



Place Notary Stamp in Box

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

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

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.***