

AUTHORIZATION TO RELEASE INFORMATION

Eastern Illinois University
Charleston, Illinois

Student information is confidential under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g. Therefore, your authorization is necessary to permit the release of information concerning your academic progress to your parent(s), guardian, or designee.

This AUTHORIZATION TO RELEASE INFORMATION is for the above stated purpose.

I, _____, hereby authorize the appropriate employee of Eastern Illinois University to release academic information to my parent(s), guardian or designee.

I understand that this authorization is being used to allow Eastern Illinois University and my parent(s), guardian or designee to communicate and work together.

I understand that I have a right to be told what information was exchanged.

I understand that this information will not be disclosed to others not listed below, except for those individuals or entities specified in FERPA.

I understand that I may revoke this authorization in writing at any time.

I understand that this authorization shall be valid during my academic career unless specified otherwise.

(Expiration date, if applicable: _____)

Please list below names and addresses of appropriate persons:

Student Name (please print)

Signature of Student

E#

Date

Note to student: If this release is being sent by mail, a copy of your photo I.D. must accompany it. If presenting this document in person, bring your photo I.D. with you.

Eastern Illinois University Staff or Faculty member, if you verified the students' identity through a Photo I.D., Panther Card, or Driver's License, please sign below and include your campus phone number.

Verified by Photo I.D.

Eastern Illinois University staff or faculty signature

EIU Phone #

Advisors and faculty should keep a copy and send the form to the Office of the Registrar for imaging with the student's record.