



Authorization of Grade Disclosure

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name First Name UIN

I hereby authorize the University of Illinois at Springfield to release my grade information to the parent(s) and/or guardian(s) listed below. Please note the following:

- 1. This release will remain in effect until the student listed above notifies the Office of Records and Registration that this grade disclosure is no longer valid.

Parent/Guardian Last Name Parent/Guardian First Name

*Parent/Guardian Last Name *Parent/Guardian First Name

Permanent Address

City State Zip Code

*Address for second parent/guardian (if different from above):

Permanent Address

City State Zip Code

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the person(s) specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent. This release will remain in effect until I provide written notice to the Office of Records and Registration to withhold grade information.

Student Signature _____

Date _____

Copies
Original (Permanent File)
Program Office(s)
Notification(send via official UIS Email by office of Records and Registration Studnet):

For Office Use Only
Processed By: _____
Date: _____