



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, the undersigned, hereby authorize the University of Illinois at Springfield (UIS) to release the following educational records and information (identify records or types of records below):

These records should be released to the following person/agency (identify name and address of person/agency to receive information):

Person/Agency

Address  City  State  Zip Code

These records are being released for the purpose stated below:

I understand further that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to UIS' Office of Records and Registration, but that any such revocation shall not affect disclosures previously made by UIS prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (required only if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal (contact UIS Registrar to see if required)

\_\_\_\_\_  
Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

Copies:  
Original (Permanent file)  
Program office(s)  
Notification (sent via official UIS Email by Office of Records and Registration):  
Student

For Office Use Only

Processed By: \_\_\_\_\_  
Date: \_\_\_\_\_