

UNIVERSITY OF ILLINOIS AT SPRINGFIELD Office of Records and Registration

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 5 below. Please note the following: 1. This release will remain in effect until disclosure is no longer valid.		n to the parent(s) and/or guardian(s) listed e of Records and Registration that this grade
Parent/Guardian Last Name	Parent/Guardi	ian First Name
*Parent/Guardian Last Name	*Parent/0	Guardian First Name
Permanent Address		
City	State	Zip Code
*Address for second parent/guardian (if differ	ent from above):	
Permanent Address		
City	State	Zip Code
l understand that by signing this authorization	n, I am waiving my rights of nondisclosure o	of these records under federal law only as to th

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 U Studnet):	IIS Email by office of Records and	d Registration	For Office Use Only Processed By: Date:
Telephone (217) 206-6174	Toll-free (888) 977-4847	Fax (217) 206-6620	Email registrar@uis.edu