ILLINOIS STATE UNIVERSITY

Office of the University Registrar

First Floor Moulton Hall
Campus Box 2202
Normal, IL 61790-2202
Telephone: (309) 438-2188
www.registrar.ilstu.edu

FERPA Waiver
Permission to Release Education Record Information

Requested By (Student):

_____

Last Name First Name Student Identification Number

Release To (Recipient):

_____

Entity Address City State, Zip

_____

Telephone Number E-mail

Education record information to be released:

☐ Grades
☐ GPA
☐ Transcript
☐ Degree Audit/Progress towards degree
☐ Other (Specify)

Release is valid
from _____ (MM-DD-YEAR) to_____ (MM-DD-YEAR).

I give permission to Illinois State University to release the specified information to the recipient listed above for the time period indicted.

_____

Student Signature Date

This form must be filed in person with the Office of the University Registrar. Students will need picture identification and should turn in the form at the Student Service and Referral Center located in Moulton 107.