

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

AUTHORIZATION TO RELEASE INFORMATION

1. **Student name:** _____ **Student ID:** _____
(Please print legibly)

2. Information to be released. **This release does not include financial aid information.**
Check appropriate line:
_____ **academic** record only (excludes billing information)
_____ **billing** record only (excludes academic information)
_____ **both academic and billing** records

3. Specify to whom Southern Illinois University Edwardsville is authorized to release information:

Name	Relationship	Phone #

4. Designate a **PASSWORD** to enable release of academic and/or billing information: _____

5. Read and sign below to authorize release. (Note that witness must be SIUE Service Center or Bursar’s Office staff, and student must show valid picture ID. Otherwise signature must be notarized and original authorization mailed to SIUE, Bursar’s Office, Campus Box 1042, Edwardsville IL 62026.)

*I grant permission for SIUE to release information as described in items 1 through 4 above. I understand this access will remain in effect until I submit a written request to the SIUE Service Center or Bursar’s Office to cancel this authorization. [I further understand that while this form identifies third parties who have my permission to access information, release of information to these individuals will remain at the discretion of University officials.](#)

_____	_____
Student Signature	Date
_____	_____
Service Center/Bursar Staff or Notary Signature	Date

6. I **cancel** authorization to release information to:

_____	_____
Name	Relationship
_____	_____
Student Signature	Date
_____	_____
Service Center/Bursar Staff or Notary Signature	Date

Office Use Only _____ noted
