

AUTHORIZATION TO RELEASE INFORMATION

1. _____ 800 _____
Student Name (Please print legibly) **Student ID** **Student Phone**

2. Information to be released. Check appropriate line:
 _____ **academic** record only (excludes billing and financial aid information)
 _____ **billing and financial aid** records only (excludes academic information)
 _____ **academic, billing and financial aid** 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 information: _____
 (Please print legibly)

5. Read and sign below to authorize release. (Note that witness must be SIUE Service Center, Financial Aid 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, Financial Aid 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
SIUE Staff or Notary Signature	Date

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

Name	Relationship
Student Signature	Date
SIUE Staff or Notary Signature	Date

Office Use Only noted

Form updated 12/6/12