

AUTHORIZATION TO RELEASE INFORMATION

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

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: _____

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
