



SIUE ACCESS

Consent for Release of Confidential Information

Consent is hereby given to disclose the information and copies of record specified below of

(Name of Student) (Birthdate)

Info to be released: _____

From/to: Southern Illinois University Edwardsville
ACCESS – Accessible Campus Community & Equitable Student Success
Student Success Center Room 1270
Box 1611
Edwardsville IL 62026
Phone: 618/650-3726 Fax: 618/650-5691

From/to: _____
(Name of agency/professional person)

(Address)

(Phone) (Fax)

Signature of consenting person Date

Signature of witness Date