

FERPA Waiver

Permission to Release Education Record Information

Requested by (Student):

Last Name First Name Student Identification #

Telephone # Email Address

I wish to permit Southern Illinois University Carbondale Division of Student Affairs to release academic and student conduct records to my sorority/fraternity, and my organization's leadership and advisors both national and local. I understand this waiver will be in effect until I notify the Fraternity and Sorority Life that I am no longer an active member of my fraternity or sorority. I give SIUC Fraternity and Sorority Life the right to verify my academic information and student status throughout my membership in an organization.

Student Signature Date

Pursuant to federal law, the recipient of these educational records may not release the records or the information from these records to any other party without the express written consent of the student identified in this release and may not use the records or the information contained in the records for any purpose other than that specifically identified in this Release.