

Legal name..... Birthdate..
Last First Middle

UI Student ID/ V number (if applicable).....

I hereby authorize ISI to release the following information about me:

Check all that apply:

ACADEMIC:

- Registration/enrollment Grades Progress in course

ACCOUNT:

- Charges Payments

To the following individual(s) upon their request (please print):

- 1. Name Relationship Street address Email City, State, Zip Code Phone number
2. Name Relationship Street address Email City, State, Zip Code Phone number

I understand that this information is considered a student education and/or financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. The authorization on this form will supersede all prior authorizations for release of my information.

I wish to revoke all consent for release of information

Student's signature Date