

Northeastern Illinois University
FERPA Authorization for Release of Information

The Family Education Rights and Privacy Act ("FERPA") is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent.

If you want to authorize Northeastern Illinois University to give out information to the below named person(s), please complete this form. After completing the form below please return it Enrollment Services, Northeastern Illinois University, 5500 N. St. Louis Avenue, Chicago, Illinois 60625.

I, _____ understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice.

This release allows the below named individual(s) to access any and all financial and academic information from records maintained only by Academic Affairs, Enrollment Services and the Office of Financial Aid.

I agree to waive my rights under FERPA and allow the below-named person(s) to receive access to any and all of my financial and academic records. This consent further allows Northeastern Illinois University officials to discuss my financial and academic records with the individuals listed below.

NAME (First, Middle Initial, & Last Name)	RELATIONSHIP TO STUDENT
_____	_____
_____	_____
_____	_____
_____	_____

I acknowledge that this release is valid until I have completed my current degree program at Northeastern Illinois University or until I have revoked this release in writing. By signing this release, I authorize Northeastern Illinois University officials in Academic Affairs, Enrollment Services and the Office of Financial Aid to release and discuss any and all financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by notifying Northeastern Illinois University in writing at the locations listed above.

_____ Signature	_____ Student ID Number
_____ Student Name (Please Print)	_____ Date