

DOSA Department: _____

DEPARTMENT OF STUDENT AFFAIRS
CONSENT TO RELEASE STUDENT EDUCATIONAL RECORDS

Student's Last Name (PRINT)	First Name	MI	UID
Permanent Address	City	State	Zip Code

I the undersigned, hereby authorize Chicago State University to release the following educational records and information:

- | | |
|---|--|
| <input type="checkbox"/> Grade Point Average | <input type="checkbox"/> Eligibility for Membership in club/org |
| <input type="checkbox"/> Financial and Judicial Holds (reflected on my account) | <input type="checkbox"/> Eligibility for Participation (Active/ Inactive Status) |
| <input type="checkbox"/> Academic Progress and Status | <input type="checkbox"/> Tuition Account |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Financial Aid Awards/Documents |
| <input type="checkbox"/> Other | |
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These records may be released to the following person(s)/organization(s):
Specify name(s), email address(es), and contact phone number(s). You may list up to three contacts below. It is recommended that the club/org registered off-campus advisor is listed as one of your contacts.

- | | |
|---|---|
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Off-Campus Advisor |
| <input type="checkbox"/> Student Representative | <input type="checkbox"/> Other |

Name	Email	Contact Number
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Off-Campus Advisor	
<input type="checkbox"/> Student Representative	<input type="checkbox"/> Other	

Name	Email	Contact Number
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Off-Campus Advisor	
<input type="checkbox"/> Student Representative	<input type="checkbox"/> Other	

Name	Email	Contact Number
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I understand that by signing this document, I authorize the release of my educational records. This consent shall remain in effect until revoked by me, in writing, and submitted to the respective Department of Student Affairs office, but that any such revocation shall not affect the disclosures previously made prior to the receipt of any such written revocation.

Student Signature _____ Date _____