



Consent to Release Student Educational Records

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: csu-registrar@csu.edu

Instructions: This form is to be completed by the student to request the release educational records.

Please Print:

Student full legal name		
Last Name	First Name	Middle Name
CSU ID number		
Student's address		
Street	City	State/Zip Code

I, the undersigned, hereby authorize Chicago State University to release the following educational records and information: (**Identify records or types of records below**)

- Grades
- Tuition Account
- Financial aid awards/documents
- Academic Progress/Status
- Other: _____

These records should be released to the following person/agency (Identify name and address of person/agency to receive information):

These records are being released for the purpose stated below:

I understand that I have the right not to consent to the release of my educational records; and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Chicago State University Office of Records and Registration, but that any such revocation shall not affect disclosures previously made by Chicago State University prior to the receipt of any such written revocation.

Student's Signature: _____
**Signature required - request will not be processed if omitted.*

Submit to: **Registrar's Office** – Cook Administration Building Room 128
Chicago State University
9501 South King Drive
Chicago, IL 60628

OFFICE USE ONLY Stamp Date Received

ID Provided:

- Chicago State University Cougar UID
- Driver's License
- State ID
- Passport

Staff Initial

Date Received