

Consent to Release Student Educational Records

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: 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: (<i>Identify records or types of records below</i>)			
Grades	☐ Tuition Account ☐ Financial a	☐ 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 R	eceived	