

**Student Conduct and Community Responsibilities
a Unit of the Dean of Students Office
Illinois State University**

Family Educational Rights and Privacy Act (FERPA) Student Waiver Form

Your Name: _____

Address: _____

UID: _____

Phone: _____

E-Mail: _____

I, the above listed student or past student, request that access to disciplinary records maintained under my name within Student Conduct and Community Responsibilities be shared with:

Name of Recipient: _____

Recipient's Address: _____

I understand that all disciplinary records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. As a result of signing this waiver, I realize that the above-named person/agency shall receive verbal disclosure and/or written access to my records as requested.

Student Signature

Date

Printed Name (Student)

Notary Public (**REQUIRED** if not hand-delivered to SCCR)

If you have any questions about reviewing your records, please contact SCCR at (309) 438-8621.