

**Student Conduct  
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 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  
Student Conduct