

School of Education
Release of Educational Records

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Preparing people to lead extraordinary lives

The School of Education is responsible for maintaining all academic advising records, admission files, including standardized test scores, high school and college transcripts, and other scholastic records for students within the School, in concordance with university policy. Students may fill out this form to release a part of, or in full, their educational record. The School of Education will make the records available for pick-up or mail them to the provided address within 45 days of receiving the request.

To Be Picked-Up

To Be Mailed

I, _____, hereby grant permission to release confidential educational records to:

Recipient's Name

Relationship to Student

Recipient's Address (if applicable)

Recipient's Phone Number

The above recipient may have access to the following information:

I understand that a signed photocopy of a valid state-issued ID will accompany this request if I choose to submit it by mail.

I understand that if I wish the records to be picked-up, the recipient must present a valid state-issued photo-ID for the records to be released to them.

I understand that if I wish the above records to be mailed to the recipient, I may be required to pay a fee to offset the cost of preparation of records and postage before the above records are made available.

I understand that the student records information listed above includes information which is classified as private on me under the Federal Family Educational Rights and Privacy Act, 20 U.S.C. 1232(g).

I understand that by signing this Release of Education Records Form, I am authorizing the School to release to the person(s) named above and their representatives information which would otherwise be private and not accessible to them. I understand that without my informed consent, the School could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the School has no control over the use the person(s) named above or their representatives make of the records which are released and may not be held liable as such. I understand that, at my request, the School must provide me with a copy of any education records it releases to the persons named above pursuant to this consent.

I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose or after one year, whichever comes first.

Signature: _____

Date: _____

For Office Use Only:

Received: _____ Date Prepared: _____

Assistant Dean Signature: _____ Date: _____