



ILLINOIS STATE UNIVERSITY
Illinois' first public university

Student Accounts

Campus Box 1210
 605 W. Dry Grove Street
 Normal IL 61790-1210
 Telephone: (309) 438-5643
 Facsimile: (309) 438-8337
www.IllinoisState.edu/studentaccounts

Release of Information

To Whom It May Concern:

I do hereby authorize the staff of Student Accounts at Illinois State University to release records/discuss information concerning my financial obligations, payments and/or refunds to the parties named below, which may include parents or their legal representatives, or any party who is helping to pay my college expenses. This release of information will remain valid until I notify Illinois State University, in writing, of any change.

 Student Name (Printed)

 Student Signature

 University ID #

 Date

 Student Cell Phone

 Name / Relationship

 Name / Relationship

 Address

 Address

 City, State, Zip

 City, State, Zip

 Telephone Number

 Telephone Number

Below for Notary Use Only

*** Please note – This form should be presented to our office in person by the student. If it is mailed or faxed to our office, it MUST be notarized.**

State of Illinois
 County of _____
 signed or attested before me on _____
 by _____

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