Northern Illinois University
Authorization for the Release of Non-Directory Student Information

I, _______________________________________________ (name of Student) authorize
_________________________________________ (University department or employee)
to disclose to the following person or agency (“Recipient”- please identify the individuals or
class of individuals or entities to whom the disclosure is made):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

the following information from education records pertaining to me and maintained by Northern
Illinois University (specify the records that may be disclosed):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The purpose of this disclosure is:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I understand that education records pertaining to me and maintained by Northern Illinois
University may be protected under the Family Educational Rights and Privacy Act (FERPA). I
certify that this Authorization to release information from such education records has been given
freely and voluntarily.

I may revoke this Authorization at any time by providing written notice of such revocation to the
University department or employee who maintains the records subject to this Authorization. I
understand and accept that any such revocation shall not affect disclosures previously made by
Northern Illinois University in reliance upon this Authorization and prior to the receipt of any
such written revocation.

The Recipient of the information designated in this Authorization will be informed at the time of
disclosure that the information disclosed about me may not be re-disclosed to others as a result
of this Authorization unless I independently authorize such re-disclosure.

I have read this Authorization for the Release of Information and understand its terms and
provisions. I hereby give authorization for the disclosure of information set forth in this form.

Signature of Student _______________________________ _______     Date________________
Printed Name of Student:_____________________________    NIU ID No.:  _______________