

ILLINOIS STATE UNIVERSITY

Parental Access to Education Records

Completion of this form will allow my parents/guardians named below to have access to my education records upon the University's receipt of parent's/guardian's specific written request.

Student Name: _____

UID: _____

Access given to:

Parent/Guardian's Name: _____ Relationship to Student

Parent/Guardian's Name: _____ Relationship to Student

Parent/Guardian's Name: _____ Relationship to Student

Parent/Guardian's Name: _____ Relationship to Student

Access will be given to parents/guardians until a written request is submitted by student to deny access.

Student's Signature: _____

Date: _____