



# Northern Illinois University

*Special and Early Childhood Education*  
815-753-9034

## Authorization for the Release of Non-Directory Student Information

I, \_\_\_\_\_ authorize the College of Education Clinical Office permission to disclose to the contact person at the potential school district the **unofficial university transcript** pertaining to me and maintained by Northern Illinois University.

The unofficial university transcript will be used in conjunction with the placement paperwork to assist with securing an early clinical, internship, or senior student teaching placement at the above listed site. I understand that this is the purpose for the disclosure of the unofficial university transcript.

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 College of Education Clinical Office at:

Advising/Clinical Office  
Department of Special and Early Education  
Northern Illinois University  
College of Education  
Gabel Hall 161  
DeKalb, Illinois 60115

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: \_\_\_\_\_ Z ID: \_\_\_\_\_