



MILLIKIN UNIVERSITY®

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

☎ 217.424.6217
☎ 217.420.6789
www.millikin.edu

Student Request to Share Information

Student's Name: _____ MU ID#: _____

(Please print)

I was claimed as a dependent on my parent's most recent tax return.

Yes: _____ No: _____

I know that the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended protects the privacy of my student educational records and limits access to the information contained in those records. I understand that I may designate individuals who may have such information. I have indicated below the individual(s) who may have information from my education records and the type of information they may have:

1. Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

2. Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Regarding the following, please initial all that apply.

1. If asked, I want the above named individual(s) to be informed about:

- _____ my grades and academic standing
- _____ my enrollment and attendance
- _____ results of disciplinary proceedings of which I was a party

2. _____ Please inform the above named individual(s) if the University becomes aware of my being hospitalized or treated for any emergency or life-threatening medical or psychological condition.

3. _____ Please inform the above named individual(s) if the University becomes concerned about me (missing classes, disruptive or erratic behavior, etc). Usually the Dean of Student Development will contact the above named individual(s).

4. _____ I have listed below other information the above named individual(s) may obtain.

5. _____ Please have the Dean of Student Development inform the above named individual(s) if either of them believes it is in my best interest to do so. I understand that circumstances may make it necessary for some other University official to act on their behalf.

Return to:
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