

MILLIKIN UNIVERSITY®

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

Student Request to Share Information

217.424.6217 217.420.6789 www.millikin.edu

A. Student Information				
NAME (LAST, FIRST, MIDDLE INITIAL)		STUDENT ID NUME	STUDENT ID NUMBER	
B. Third-party Designee				
NAME (LAST, FIRST, MIDDLE INITIAL)		RELATIONSHIP TO	RELATIONSHIP TO STUDENT	
ADDRESS		CITY, STATE, ZIP	CITY, STATE, ZIP	
DAYTIME PHONE		EMAIL ADDRESS		
INFORMATION TYPES ALLOWED (CHECK ONE	OR MORE OF THE BOXES BELOW	TO GRANT AUTHORIZATIO	N)	
☐ Grades/GPA ☐ Registration ☐ Student conduct ☐ Student records maintained by Millikin Univ	Demographic Student ID number versity, including all of the above	☐ Enrollme	ic progress status ent	
*Please Note: To designate a third party autho	orized user for student financial re	cords, please go to myMilliki	in	
code listed below. You, the student, should so is not able to correctly provide the authenticat five digit authentication code, you must come D. Authorization	ion code, Millikin University will r	not release any information	from your record. If y	
In accordance with <i>The Family Educational Rig</i> education records of students to parents or ot <i>Office of the Registrar</i> if you consent for the U form in the Office of the Registrar, you must be information on your education records. The sp does not automatically send information to a t <i>University unless specifically revoked by this sta</i>	her third parties provided the Un Iniversity to release your education ave it notarized. A separate form pecified information may be made whird party. Please Note: This rele	iversity has written consent on records to the third-party must be completed for each e available only if requested	from the student on fi designee listed above third party to whom by the authorized thir	ile. Please sign below in the e. If you cannot sign this you grant access to d party. The University
By signing below, I consent that Millikin Universabove in reference to the information types ch		fidential information from n	ny education record w	rith the individual listed
STUDENT'S SIGNATURE		DATE		-
*MUST BE SIGNED IN PRESENCE OF REGISTRA	R OR NOTARIZED			
STATE OF)				
COUNTY OF) SS.				
, duly sworn things contained therein are true in substance	on oath, deposes and states that and in fact.	t he/she has read the forego	ing Authorization, and	I that the matters and
		SIGNATURE		
	Given under my h	and and notarial seal this	day of	, 20
		NOTARY PUBLIC		
E. Revoke Authorization (To revoke a prior By signing below, I hereby revoke any prior auteffective immediately. I understand that any sprocessing of any such revocation.	thorization for Millikin University	to disclose my education red		
STUDENT'S SIGNATURE		DATE		