

# ACADEMIC RELEASE FORM

## High School Dual Enrollment

Completed forms should be submitted  
By Email to: admissions@wiu.edu  
By mail to: Undergraduate Admissions  
1 University Circle, Sherman Hall  
Macomb, IL 61455

In compliance with the federal *Family Educational Rights and Privacy Act (FERPA) of 1974* and the University's policy on access to and release of student education records, the University is prohibited from providing certain information from your student records to a third party. This includes information on course enrollment, academic progress, grades, and official transcripts. The restriction includes, but is not limited to, your high school counselor.

You may, at your discretion, grant the University permission to release information about your student records to your high school while you are enrolled in the high school dual enrollment program by submitting an Academic Release Form. The specified information will be made available only if requested *in writing* by the authorized third party. The University does not automatically or routinely send information to a third party.

Submit your completed form to the Western Illinois University Office of Undergraduate Admissions. Please note that your authorization to release information *will expire upon your high school graduation*. Official transcripts cannot be released until final grades are posted at the end of the semester. If you have an administrative hold with the University, your official transcript cannot be released. There is no charge for a hard copy transcript.

**This release is intended for records maintained by the Office of the Registrar, Undergraduate Admissions, and Academic Advising.**

### A. STUDENT INFORMATION

---

Student Name (First, Last)

---

WIU ID Number

---

Home Address (Street or P.O. Box, Apt, City, State and Zip Code)

---

Email Address

### B. HIGH SCHOOL INFORMATION

---

High School Counselor Name (First, Last)

---

Email Address

---

High School Principal or Administrator Name (First, Last)

---

Email Address

---

High School Address (Street or P.O. Box, Apt, City, State and Zip Code)

---

High School Name

### C. CERTIFICATION

*In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit the Office of the Registrar, Undergraduate Admissions, and Academic Advising to send to my high school any or all information related to my academic progress at Western Illinois University including my course enrollment, early warning grades, and official transcripts. I understand that this authorization, unless revoked by me in writing and submitted to the Office of the Registrar, will remain in effect as long as I am enrolled as a high school dual enrollment student or until I graduate from high school.*

---

Student's Signature

---

Date