

THE GRADUATE SCHOOL
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

TUITION WAIVER RELEASE OF INFORMATION CONSENT

As an applicant for or the recipient of a tuition or fee waiver award from Southern Illinois University, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

Student's Name

Student's Signature

Student's ID Number

Date