

OFFICE OF THE REGISTRAR
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PERMISSION TO PRINT/RELEASE NAME

**MUST PRESENT PHOTO ID IN PERSON OR
COPY OF YOUR PHOTO ID MUST ACCOMPANY THIS REQUEST**

Please Print:

Name: _____

WIU ID Number: _____

School Address: _____

Contact Phone Number: _____

Ceremony Date: _____

Please check all that apply:

- "I give the Office of the Registrar at Western Illinois University permission to print my name in the Commencement booklet, even though I have invoked the Privacy Act."

- "I give University Communications and Marketing at Western Illinois University permission to release information regarding graduation through its usual distribution, including posting on the web and sending to hometown newspapers, even though I have invoked the Privacy Act."

Student's Signature: _____ Date: _____