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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

Name: \_\_\_\_\_

WIU ID Number: \_\_\_\_\_

School Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Ceremony Date: \_\_\_\_\_

"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: \_\_\_\_\_