AUTHORIZATION FOR RELEASE OF INFORMATION FROM STUDENT RECORDS

Under the Family Educational Rights and Privacy Act (FERPA) and University of California Policy Applying to Campus Activities, Organizations, and Students (PACAOS) 130.00, the disclosure of student records to individuals or organizations outside the University generally requires the student's written consent. This form can be used by the student to give consent for access to their records.

NAME: _______________________________ STUDENT ID: ________________________

EMAIL: _______________________________ PHONE #: __________________________

By signing below, I, _______________________________, authorize and give permission for (print student name) to provide access to my student records to (print name of office requested to disclose information) the persons/organizations listed below.

Print name, relationship, and phone number and/or email address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I authorize the release of the following records/categories of records:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNED: _____________________________ DATE: _________________________