

DISCLOSURE CONSENT FORM

University of California, San Diego
Warren College, Student Affairs
Phone: (858) 534-4731
Fax: (858) 534-1724
Email: wardean@ucsd.edu

I, _____, hereby authorize Warren College,
(Print Full Name)
Student Affairs Department at the University of California, San Diego to disclose all my
academic and disciplinary information to: (List all institutions you are releasing information to)

1. _____
2. _____
3. _____

By signing below, I acknowledge that I am aware of the information contained in my records and I am authorizing the release of my records to the institution(s) listed above. I understand that my records contain information that is confidential and is subject to the protection of the federal Family Educational Rights and Privacy Act (FERPA), Article I, section 1 of the California Constitution, and the California Information Practices Act (IPA).

Signature

Date

PID

Witness/Date/Time

LETTER OF RECOMMENDATION/ DEAN'S CERTIFICATION REQUEST FORM

University of California, San Diego

Warren College, Student Affairs

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By following these simple guidelines, your request will be processed in a more efficient and expedient manner.

1. Complete, sign, and date the Disclosure Consent Form.
2. Enclose your resume and/or personal statement if appropriate. Any information that may assist the Dean of Student Affairs in completing your request would be appreciated.
3. Indicate whether you would prefer to pick up or have our office mail the completed form/letter. Self-addressed stamped envelope(s) must be enclosed with the request in order for our office to mail your completed form/letter.
4. If your letter/form requires your class ranking, this information is provided by the Registrar's Office at (858) 534-3144.
5. The turn-around time for completing your request is **approximately two weeks from the time of receiving your request**. Please plan accordingly to allow enough time for completion.

GOOD LUCK!

- From all the staff at Warren College

Letter of Recommendation/Dean's Certification Request

DATE _____ PID _____

NAME _____ PHONE _____

SS # _____ EMAIL _____

_____ I will pick up the letter/form.

_____ Please send the completed letter/form.
A self-addressed stamped envelope is enclosed.