

**WRITTEN CONSENT**

UNIVERSITY OF CALIFORNIA, SAN DIEGO

\_\_\_\_\_  
DEPARTMENT NAME

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

PID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I request/authorize that the following information from my educational record

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

be released to

\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge and understand that the above information will be released to the stated individuals and/or departments on the following basis:

\_\_\_\_\_ One time only

\_\_\_\_\_ Until the end of the current academic year (June 20, 20\_\_)

\_\_\_\_\_ Until this authorization is rescinded by me (no expiration date)

I further understand that if at any point in time I wish to change or rescind this authorization, I must make an additional request.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date