UNIVERSITY OF CALIFORNIA, SAN DIEGO
CONSENT TO DISCLOSE STUDENT RECORDS

This release represents your written consent to disclose student records maintained by the University of California, San Diego (UCSD) to specific individuals identified below. Please read this document carefully and fill in all applicable blanks.

I, _____   _____

   [Print Full Legal Name]   *[Student ID Number]*

AM/WAS *[Circle one]* **a student at UCSD and hereby give my voluntary consent to disclose the following records:**

       ____ **Contents specific to current Student Conduct Case: #_____**
       ____ **Contents of Entire Student Conduct Record**
       ____ **Other:** *[please specify]* _____

To the following person(s), *[print clearly their full name, relation and contact information]*: _____

_____

Please present or provide a photocopy of your student ID or current government issued ID and indicate your access preference regarding the nature of this record release:

       ____ Provide <u>copies and/or access</u> to documentation contained in file.
       ____ Authorize university official to <u>orally discuss</u> information in file.
       ____ Provide written response to disciplinary clearance or other form
            [Must attach form and include a postage paid return envelope for off-campus addresses].

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 30, 20_____)
       _____ Until this authorization is rescinded by me in writing. (No expiration date)

NOTE: Please allow seven business days for processing requests for personal access to a file by a third party and ten business days for a written response.

I understand that under the Federal Educational Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statues and judicial decisions/agreements. I also understand that I may revoke this consent at any time (via written request) except to the extent that action has already been taken upon this release.

_____   _____

[Signature of Student]   *[Date]*

_____   _____

[Current Address]   *[Phone Number]*

_____   _____

[College of Registration]   *[E-mail]*

<u>From</u>_____<u>To</u>_____   _____

[Dates of Attendance]   *[Date of Birth]*

_____   _____

[Signature of Staff Member]   *[Date Received]*