



OFFICE OF THE REGISTRAR

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Authorization to Release Education Record Information

I give permission for _____
Institution

to release my _____
Education record information to be released

To (name) _____
Last First

_____ Address

for (purpose) _____

This authorization is valid from _____ to _____
Date Date

Name: _____
Last First

Signature: _____ Date: _____

Action taken _____
Date By whom

Revised: 08/04/2006

DIVISION OF UNDERGRADUATE EDUCATION