

Authorization for Release of Student Information/Records (To be Completed by Student)

Student Information

Student information is confidential and protected by the Federal Family Educational Rights and Privacy Act (FERPA). Written authorization is required to release any information that is not considered public information. Please complete the following information.

1. _____
(Student Last Name) (Student First Name)

Application (leave blank if student is submitting application)

2. I allow anyone from the following agency/university to apply on my behalf:

I allow the following person to apply on my behalf (ex: mother, friend, spouse):

Information To Be Released (#3 & #4 must be filled out to give your information to someone else)

3. You can give out the following (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Medical/Insurance Records |
| <input type="checkbox"/> Financial/Invoice Records | <input type="checkbox"/> Enrollment Verification Letters |
| <input type="checkbox"/> Transcript/Grade Reports | <input type="checkbox"/> Course Schedule |
| <input type="checkbox"/> Program Certificate | |

4. You can give my information to:

- ☐ Bolashak Scholarship from Kazakhstan (Center for International Programs)
☐ IIE (Institute of International Education Scholarship)
☐ KAUST (from Saudi Arabia)
☐ Kuwait Cultural Office (from Kuwait)
☐ Saudi Arabia Cultural Mission – SACM (from Saudi Arabia)
☐ Other (write the name of person/organization): _____

Must be filled out if #3 & #4 are blank.

5. ☐ I **do not** authorize the release of any of my information.

Signature

By signing below, you agree to the information mentioned above. This approval will remain in your record even after you leave the university. You can change this authorization or cancel it at any time by emailing ipadmission@ucsd.edu.

(Student Signature)

(Date)