



OFFICE OF THE REGISTRAR

Registrar, 1156 High Street, Santa Cruz, CA 95064  
Phone (831) 459-4412 • FAX (831) 459-5051

# Authorization to Release Education Record Information

Parents, please read [The Privacy of Student Records Overview of Information for Parents](#).

I give permission for \_\_\_\_\_  
(Institution and Office, e.g., UCSC, Office of the Registrar)

to release my \_\_\_\_\_  
(Specific education records to be released. There are no provisions for blanket release of all student record information.)

to (name) \_\_\_\_\_  
(Last, First)

\_\_\_\_\_  
(Indicate the way to contact the individual, include the email address, phone number, or mailing address)

for (purpose) \_\_\_\_\_

This authorization is valid from \_\_\_\_\_ to \_\_\_\_\_  
(Specific timeframe for release. There are no provisions for blanket release of student information.)

Student Name: \_\_\_\_\_  
(Last, First)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS: Download and complete form. Sign, take a picture or scan, and send form from your @ucsc.edu email address.

OFFICE USE ONLY:

Action taken \_\_\_\_\_  
Date \_\_\_\_\_ By whom \_\_\_\_\_

Revised: July 2024

DIVISION OF UNDERGRADUATE EDUCATION

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