UC RIVERSIDE
UNIVERSITY OF CALIFORNIA

Office of the Registrar
900 University Avenue
1100 Hinderaker Hall
Riverside, CA 92521

Permission to Release Education Record Information

Requested By (Student):

Release To (Recipient):

LAST NAME   FIRST NAME

LAST NAME   FIRST NAME

STUDENT IDENTIFICATION NUMBER

RELATIONSHIP TO STUDENT

DATE

ADDRESS

,

CITY, STATE, ZIP

Education record information to be released:

Purpose of release:

I give permission for the University of California, Riverside to release the specified information to the recipient listed above.

STUDENT SIGNATURE

OFFICE USE ONLY

Action taken: ☐ Completed ☐ Filed ☐ Held ☐ Other:

DATE

BY WHOM