

UCLA Education Record Release Authorization

INSTRUCTIONS

1. Student must complete the entire form, then sign and date. Incomplete forms are not accepted.
2. Form must be kept on file by the authorized individual or department/program office.

STUDENT INFORMATION

Last Name	First Name	9-Digit UCLA ID
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REASON FOR RELEASE

Recommendation Letter

Other _____

UCLA AUTHORIZATION RECIPIENT

Last Name	First Name
Title	Academic Department/Program

Expiration This authorization does not expire. It remains in effect until revoked by the student.

Revocation This authorization may be revoked by the student at any time. Revocation must be in writing, signed by the student, and delivered to the UCLA individual or department/program that received the authorization. Revocation is effective upon receipt by said person or office.

Signature Release By signing below, I hereby authorize University of California, Los Angeles (UCLA) and the identified faculty/teaching assistant/reader to release academic grade information and other pertinent academic student record information to be included in the recommendation letter or other document described above, as authorized by the Family Educational Rights and Privacy Act (FERPA).

Student Signature	Date
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