

# UNIVERSITY OF CALIFORNIA, SAN DIEGO

## CONSENT TO DISCLOSE STUDENT RECORDS

This release represents your written consent to disclose student records maintained by the University of California, San Diego (UCSD) to specific individuals identified below. Please read this document carefully and fill in all applicable blanks.

I, \_\_\_\_\_  
[Print Full Legal Name]

\_\_\_\_\_ [Student ID Number]

AM/WAS [Circle one] a student at UCSD and hereby give my voluntary consent to disclose the following records:

\_\_\_ Contents specific to current Student Conduct Case: # \_\_\_\_\_

\_\_\_ Contents of Entire Student Conduct Record

\_\_\_ Other: [please specify] \_\_\_\_\_

To the following person(s), [print clearly their full name, relation and contact information]: \_\_\_\_\_

Please present or provide a photocopy of your student ID or current government issued ID and indicate your access preference regarding the nature of this record release:

\_\_\_ Provide copies and/or access to documentation contained in file.

\_\_\_ Authorize university official to orally discuss information in file.

\_\_\_ Provide written response to disciplinary clearance or other form

[Must attach form and include a postage paid return envelope for off-campus addresses].

I hereby acknowledge and understand that the above information will be released to the stated individuals and/or departments on the following basis:

\_\_\_ One time only

\_\_\_ Until the end of the current academic year (June 30, 20\_\_\_\_)

\_\_\_ Until this authorization is rescinded by me in writing. (No expiration date)

NOTE: Please allow seven business days for processing requests for personal access to a file by a third party and ten business days for a written response.

I understand that under the Federal Educational Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statues and judicial decisions/agreements. I also understand that I may revoke this consent at any time (via written request) except to the extent that action has already been taken upon this release.

\_\_\_\_\_  
[Signature of Student]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Current Address]

\_\_\_\_\_  
[Phone Number]

\_\_\_\_\_  
[College of Registration]

\_\_\_\_\_  
[E-mail]

From \_\_\_\_\_ To \_\_\_\_\_  
[Dates of Attendance]

\_\_\_\_\_  
[Date of Birth]

\_\_\_\_\_  
[Signature of Staff Member]

\_\_\_\_\_  
[Date Received]