

The sponsoring department is responsible for retaining this record. All parts of this form must be completed.

Part 1 – To be completed by student.		
Last Name	First N	ame
9-Digit UID	_	
_	e specified information to the U	ICLA department listed below.
In 2		
Student's signature	_	Date
Part 2 – To be completed by	an official representative fro	m the sponsoring department.
Full name of the sponsoring de	epartment	
Complete description of the ed attachments):	lucation record and/or student i	information to be released (you may include
Purpose of release:		
Received by (name and title of	department representative):	
Last Name	First N	ame
9-Digit UID	Title	
Campus address		Campus phone number
Signature		 Date