

# UCLA

## Permission to Release Education Record

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

### Part 1 – To be completed by student.

IMBEAH  
Last Name

RHIANNON  
First Name

904-457-604  
9-Digit UID

I give permission to release the specified information to the UCLA department listed below.

[Signature]  
Student's signature

6/26/15  
Date

### Part 2 – To be completed by an official representative from the sponsoring department.

\_\_\_\_\_  
Full name of the sponsoring department

Complete description of the education record and/or student information to be released (you may include attachments):

\_\_\_\_\_  
\_\_\_\_\_

Purpose of release:

\_\_\_\_\_  
\_\_\_\_\_

Received by (name and title of department representative):

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
9-Digit UID

\_\_\_\_\_  
Title

\_\_\_\_\_  
Campus address

\_\_\_\_\_  
Campus phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date