

# UCLA

## Permission to Release Education Record

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

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

Aceves

Last Name


Daniel

First Name

503038229

9-Digit UID

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



Student's signature

06/30/2015

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):

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Purpose of release:

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Received by (name and title of department representative):

Last Name

First Name

9-Digit UID

Title

Campus address

Campus phone number

Signature

Date