

# 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.

LEROUX ETIENNE  
Last Name First Name

904281940  
9-Digit UID

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

[Signature] 06/01/15  
Student's signature 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