

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.

Klepper

Nicole

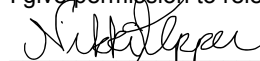
Last Name

First Name

404-276-903

9-Digit UID

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



5/25/15

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