

# 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.**

Harris madeleine  
Last Name First Name  
204260470  
9-Digit UID

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

madeleine harris 06/14/2015  
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