

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

Authorization to Release Education Record Information

I, _____, authorize the University of California, Santa Cruz, Silicon Valley Extension
Full Name (First Name, Last Name)
to release information about my education record requested below to _____,
Institution, or Entity Name
located at _____, for the purpose
Street Address, City, State and Zip Code
of obtaining a(n) _____.
(education verification, background check, etc.)

Education record information to be released:

- Grades, grade point averages (GPA), units, courses, start dates, end dates, type of degrees, award dates, and other information included on the transcript.
- Completed certificate requirements
- Any other information requested by _____

I understand that this consent will expire one (1) year from the date below. I understand that if I choose to continue to share this information in the manner described above, I will need to sign a new release yearly.

I understand that I have the right to revoke this consent at any time by submitting a request in writing.

Print Name: _____
Full Name (First Name, Last Name)

Signature: _____ Date: _____
Typed Signatures will not be accepted *Date*

Office Use Only

Received by: _____ on _____
First Name, Last Name *Date*

Revised: 04/14/2020