Student Information Disclosure Consent Form

John Muir College Office of Student Affairs
University of California San Diego
Phone: (858) 534-3587
Fax: (858) 534-8183
Email: mdeansoffice@ucsd.edu

I, _____, hereby authorize the John Muir College Office of Student Affairs at the University of California San Diego to disclose my academic and disciplinary information to the following institutions:

Institution 1 Name: _____
Institution 1 Address: _____

Institution 2 Name: _____
Institution 2 Address: _____

Institution 3 Name: _____
Institution 3 Address: _____

By signing below, I acknowledge that I am aware of the information contained in my records and I am authorizing the release of my records to the institution(s) listed above. I understand that my records may contain information that is confidential and is subject to the protection of the federal Family Educational Rights and Privacy Act (FERPA); Article 1, Section 1 of the Constitution of the State of California; and the California Information Practices Act (IPA).

_____
(Signature)

_____ _____
(Student Number) (Phone Number)

_____ _____
(Date) (Email)

Comments or Special Instructions: _____

_____

_____

Please submit any additional required documentation with this form

For Muir Student Affairs Use Only:
Date Received: _____
Received by: ____