

# UNIVERSITY OF CALIFORNIA IRVINE DIVISION OF CONTINUING EDUCATION



## International Programs

### Consent to Release Educational Records

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I, \_\_\_\_\_, consent and authorize any official in the International Programs unit of the University of California Irvine Extension to release my educational records, including my student identification number, test scores, grade information, details of classroom performance, and records of attendance in any UCI Extension English language program in which I'm enrolled to the \_\_\_\_\_, or to an authorized representative of said person.

The aforementioned will use the released information to track the academic performance and/or attendance behavior of the forenamed student for financial sponsorship or other membership considerations. The recipients of this disclosure understand that the disclosed information must not be re-disclosed without the prior consent of the student.

International Programs at the University of California Irvine Extension will provide the student with a copy of the disclosed records upon the direct request of the forenamed student.

I understand that my signing this consent form is voluntary.

This release complies with the Federal Family Educational Rights and Privacy Act (1974).

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
GW/RW Class

\_\_\_\_\_  
Date

\_\_\_\_\_  
GW/RW Teacher