



Semester: \_\_\_\_\_

I, \_\_\_\_\_, with UCF PID # \_\_\_\_\_, authorize the University of Central Florida (UCF) to release my education information/ records, personally identifiable information, and directory information which could include but is not limited to, enrollment, transcripts, grades, field of study, dates of attendance, attendance, disciplinary issues, academic progress, probation, and withdrawal.

I understand that this information will be released to my sponsorship provider (embassy/cultural mission/third party) upon request. I further acknowledge, that the purpose of this disclosure is, as per FERPA, “for the sponsoring parties to determine eligibility for the aid, determine the amount of the aid, determine the conditions for the aid, or enforce the terms and conditions of the aid.”

I hereby, expressly and knowingly, release the University of Central Florida and its employees from liability for any issue that might arise from disclosing this information.

I understand the information may be released by mail, email, fax, in-person, or any method that is preferred by the requester.

I understand that until revocation is made in writing to UCF Global, this consent shall remain in effect.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**