

## UCF Global Record Release Authorization Form

Under the Family Educational Rights and Privacy Act of 1974, or FERPA, students must give written consent (permission) to release certain educational records to third parties.

If you wish to release information about your educational records to a third party, please complete the Records Release Authorization Form below.

STUDENT INFORMATION	
UCF ID:	
Last Name:	First Name:
INFORMATION TO BE RELEASED	
☐ All Educational Records/ Information - for some concludes but is not limited to enrollment, transcript academic progress, and probation)	sponsored students only ots, grades, field of study, dates of attendance, disciplinary issues,
☐ UCF Global Academic Records Please Specify (required)	
☐ Immigration Records Please Specify (required)	
☐ Other Information Please Specify (required)	
THE INFORMATION IS TO BE RELEASED	то
☐ Third Party Sponsor (Embassy / Cultural M	ission)
☐ Other:	
Name:	Relation:
Phone:Email:	:
PURPOSE OF RELEASE	
	release a record as indicated and preferred by the requester.  ng to UCF Global, this consent shall remain in effect.
Signature:	Date:
This form is for internal UCF Global use only and not intended for any other UCF departments.	