





5200 N. Lake Rd., Merced, CA 95343 / Phone: (209) 228-7178 / registrar.ucmerced.edu

I give permission for the University of California, Merced to release my

\_\_\_\_\_ Education record information to be released

to \_\_\_\_\_ name of organization

for (purpose) \_\_\_\_\_

**Personal Information**

Student Id Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_