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| Sample parent authorization form to release student records to  the University of California. |

## AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

**TO THE UNIVERSITY OF CALIFORNIA**

# PLEASE DETACH AND RETURN

THIS ACKNOWLEDGMENT STATEMENT

# TO YOUR CHILD’S SCHOOL

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize my child’s school to release student record information, including student name, addresses, email address, and transcripts, to the University of California. I understand that only University of California personnel and their authorized agents will have access to my child’s student record. Student information, including names and addresses, will not be given to others for any purpose. This information will be utilized only by the University of California to implement and support the Eligibility in the Local Context (ELC) program, to evaluate the ELC program, and to invite students to apply to the University of California.

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Signature of Parent or Guardian Date