AUTHORIZATION FOR RELEASE OF STUDENT RECORDS TO THIRD PARTY

I ________________________________, hereby authorize International Student Services at UCSD Extension to release information concerning my Extension International Programs records to the following person(s):

___________________________________________________

___________________________________________________

___________________________________________________

Sincerely,

___________________________________   ______________________

Student’s signature in English       Date

_______________________________________________

Student’s name in block-printed letters (English)

REDISCLOSURE NOTICE

The enclosed information is being released to you in accordance with the provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Buckley Amendment). In providing this information, it is the responsibility of the University of California, San Diego to inform you that such information is being transferred on the condition that you will not permit any other party to have access to such information without the written consent of the Student, except that the information may be used by your organization’s officers, employees and agents, but only for the purposes for which the Disclosure was made to you.