

UC IRVINE 2017 INTERNATIONAL SUMMER SESSION

CONSENT TO RELEASE EDUCATIONAL RECORDS

I, _____, consent and authorize any official in the University of California, Irvine, Summer Session to release my 2017 educational records, including my student identification number, course enrollment, and grading options, fees and payments, final course grades, housing related information, and conduct meetings in UC Irvine Summer Session in which I'm enrolled or to an authorized representative of said organization.

The UCI Summer Session Partner representatives will use the released information to track the academic performance and/or program participation of the forenamed student for financial sponsorship or other considerations. This disclosure also allows for the UCI Summer Session Partner representatives to make enrollment changes on the forenamed student's behalf. Such changes include course changes and grade option changes. The recipients of this disclosure understand that the disclosed information must not be re-disclosed without the prior consent of the student.

The University of California, Irvine, Summer Session will provide the student with a copy of the disclosed records upon the direct request of the forenamed student.

I understand that my signing of this consent form is voluntary.

This release complies with the Federal Family Educational Rights and Privacy Act (1974).

SIGNATURE OF STUDENT AND DATE

SIGNATURE OF REPRESENTATIVE AND DATE

PRINTED NAME OF STUDENT

PRINTED NAME OF REPRESENTATIVE

PRINTED NAME OF PARTNER ORGANIZATION

EMAIL ADDRESS OF REPRESENTATIVE