
RELEASE OF INFORMATION

I, _____, hereby grant permission to the Arizona Board of Regents, acting through the University of Arizona (International Student Services) to release my academic records to the individual and/or entities set forth below. This authorization expressly includes, but is not limited to, documentation regarding my academic progress, grades, course selection, deficiencies, transcripts, student code of conduct violations, academic integrity violations, and general academic progress to:

Name of Sponsoring Agency

I understand that by signing this document, I am waiving my rights under the Family Educational Rights and Privacy Act. I hereby agree that the University may provide personally identifiable information about me to the above-named individuals and/or entities as set forth above.

This consent is to be effective for a period of one year from the date below.

Student Name (*print*): _____ **Student ID:** _____

Date of Birth: _____

Month / Day / Year

Name of Advisor at Sponsoring Agency (*optional*): _____

Date Signed: _____ **Student Signature:** _____

Month / Day / Year