



Education Abroad Program

Release of Student Information to a Third Party Authorization Form

Federal and state laws limit UCEAP's ability to discuss personal information about a student with anyone other than the student, unless the student authorizes in writing the release of such information. The Family Educational Rights and Privacy Act (FERPA) assigns privacy rights to all students enrolled in UCEAP, regardless of age. Under University policy, parents or spouses have no inherent rights to access a student's records, including financial records, even if the student is financially dependent. If you would like to authorize UCEAP to discuss or release information from your student records to any third party, please complete this form. If you have questions about this form, please contact the Operations Specialist for your program.

Instructions to Students

This form must be completed and sent to:
University of California, EAP Systemwide Office
6950 Hollister Avenue, Suite 200
Goleta, CA 93117

Or fax to:
(805) 893-2583

Please print clearly, as all information provided must be legible. Form will be returned if not legible or incomplete.

Student's Name _____

UC I.D. Number _____ E-mail: _____

Phone Number: _____

Program/Country/Term: _____

Name of person(s)/agency authorized to obtain information:

Authorization to Release Information

- I authorize the above named individual(s) or agency to talk with UCEAP staff about, and have access to, **all information and any student records related to my UCEAP participation.** I understand that this authorization will be in effect until I notify the UCEAP that I wish to revoke it.
- I authorize the above named individual(s) or agency to talk with UCEAP staff about, and have access only to the following **information that I have listed below** related to my UCEAP participation. I understand that this authorization will be in effect until I notify the UCEAP that I wish to revoke it.
- I authorize the above named individual(s) or agency to pick up UCEAP forms/documents on my behalf. I understand that this authorization will be in effect until I notify UCEAP that I wish to revoke it.
- I authorize the above named individual(s) or agency to pick up my (name of document) _____
on (date) _____. I understand that this authorization is effective for this date only.

Student Signature _____ Date _____