



Authorization to Release Items of Public Information

This authorization will remain in effect until the student requests, in writing, that it be rescinded.

Please print clearly.

Date _____

Student's Name _____

UC ID Number _____

My signature authorizes the University of California Systemwide Office of EAP to make available to third parties the following items of directory/public information:

Full name

Email address

Home UC campus

EAP program in which I am enrolled

SC's email address on file with EAP

Study Center street address

Study Center business telephone Number

Class level

Signature _____

Study Center _____

Received by _____ Date _____