

University of Colorado Denver

Office of the Registrar

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Release of Confidential Information

Please refer to the current UC Denver catalog for more information regarding the release of information. In compliance with the Family Education Rights and Privacy Act (FERPA), the disclosure of information from a student's educational record requires the parent or eligible student to provide signed and dated written consent before UC Denver discloses personally identifiable information from the student's educational records. This form cannot be used to release Financial Aid information, you must complete a separate form with the Financial Aid Office.

Print Student Name: Last			First	MI	Student ID Number
Address					Date of Birth
City	State	Zip	Phone Number		

You must answer *all 4* of the questions below:

1. Specific records to be disclosed:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Course Schedule | <input type="checkbox"/> College Opportunity Fund (COF) Status |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Financial Tuition Balance/ Payments | <input type="checkbox"/> Birth date |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Student Stops/ Holds | |

Or

Release only the following information from my educational records (please be specific): _____

Or

Release all educational records/information (except Financial Aid information, you must complete a separate form with the Financial Aid office).

2. Reason/ Purpose of Release:

- | | | | | |
|-------------------------------------|--------------------------------------|---|------------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Insurance | <input type="checkbox"/> Language Interpretation |
| <input type="checkbox"/> Other | _____ | | | |

3. Person/ Organization to whom information is to be released:

Name		
Address		
City	State	Zip
Phone		

Relation to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other _____

Requests are valid for one calendar year only, unless specified below.

4. Authorization to release expires (date):

By signing below, I am authorizing UC Denver officials to release records to the person/organization specified for the time period I have indicated.

Student Signature

Date

Rev. 1/11