

To authorize record release, the student must complete all items below and must submit both this form AND a copy of the student's photo identification to the Registrar's Office.

The Registrar's Office WILL NOT process forms that are not accompanied by the student's photo identification.

Student's Name: _____ UCID: _____
(Please print)

Records for which you authorize release:

- ___ Current Term Course Schedule
 - ___ UC Billing/Payment Information
 - ___ Educational record documents maintained by the Registrar's Office (see grades/transcript note below)
 - ___ Other (please specify): _____
- _____
- _____
- _____
- _____

Please note: requests for the release of grades requires a UC Official Transcript, which carries a processing fee. For details, contact the Registrar's Office or enter the web site at <http://www.uc.edu/registrar/>

Person, Organization or Agency to whom UC may release your records:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature I hereby authorize University of Cincinnati to furnish the university records that I have noted upon this form to the 3rd party I have identified above. This authorization shall remain in force until I submit to the UC Registrar's Office a written and signed notification rescinding my permission to release the records noted.

 Student's Signature: _____ Date: _____