



Education Record Release Consent Form

REGISTRAR'S OFFICE

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • registrar@uclawsf.edu

Name: _____ Student ID#: _____

I give permission for UC College of the Law, San Francisco to release my:

- Class Rank
- GPA
- Other (specify) _____

to (name): _____ (last) _____ (first)

(address)

for (purpose): _____
(example: letter of recommendation)

Authorization is valid from _____ to _____
(date) (date)

Signature: _____ Date: _____

Office Use Only:

Action taken: _____
(date) (by whom)