



University of California, Merced
Office of the Registrar

**Permission to Release
Education Record**

5200 N. Lake Rd., Merced, CA 95344 / Phone: (209) 228-2734 / Fax: (209) 228-4694

Please print, complete, sign, and return by mail or fax to:

**Office of the Registrar
5200 N. Lake Rd
Merced, CA 95344
Fax: (209) 228-4694**

I give permission for the University of California, Merced to release my

_____ Education record information to be released

to _____ name/address

for (purpose) _____

Personal Information

Student ID Number _____ Email address _____

Name _____

Local Address _____

City/State/Zip _____ Phone _____

Student's signature _____ Date _____

Office Use Only
Keyed by _____ Billed _____ Date _____