

Record-Release Authorization Form

REGISTRAR'S OFFICE

University of Cincinnati
P.O. Box 210060, Cincinnati, OH 45221-0060
513-556-9900; registrar.info@uc.edu

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.

Note: for immediate parent or other 3rd party access, authorization may be completed online at <http://onestop.uc.edu/> (click "Parent/Friend Access" in navigation menu)

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: grades will only be released by providing a UC official transcript. This form **may not** be used to request an official transcript, however. To order an official transcript, the *student* should contact the Registrar's Office for details, or consult our website at <http://www.uc.edu/registrar/>. For official transcript orders, a processing fee of \$6.00 per transcript will be collected.

Person, Organization or Agency to whom University of Cincinnati 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 defined on this form to the 3rd party I have identified above. This authorization shall remain in force until such time as 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:** _____