



AUTHORIZATION TO RELEASE PERSONALLY IDENTIFIABLE INFORMATION

I have received a copy of the Disclosure of Student Records policy, as published by the UCR Office of the Registrar at <https://registrar.ucr.edu/resources/ferpa/UCR-policy> and have read it. I understand that I must authorize the release of any personally identifiable information from my student records that is not designated as public information.

I authorize Art/Art History department staff to distribute the following personally identifiable information:

____ name

____ e-mail address

____ employment position

____ fields of study

____ schools attended and degrees received and current programs enrolled in

____ thesis/dissertation title or topic (if applicable)

____ thesis/dissertation chair and committee (if applicable)

____ publications

____ photographs

____ other, please list any other information that you approve to be released

I authorize the release of the above information.

I understand that this authorization is effective immediately. This authorization may be canceled at any time upon written request to Art/Art History department staff.

Name

Signature

Date