



INFORMATION RELEASE CONSENT FORM

Student Name: _____ Student ID: _____

Start: _____ **End:** _____

Semester: _____ Year _____ Semester: _____ Year _____

GRADE/FINANCIAL RELEASE INFORMATION

The University of Belize, Registrar's Office prohibits the release of personally identifiable information from student's educational records without their prior written authorization. Exceptions to this policy are limited to:

- (1) release of such information to a specific list of officials with a legitimate educational interest in the record or
- (2) The release of such information in response to a court order or approved research project.

Records should be sent/released to: _____

Records to be disclosed: (e.g. semester grade report/semester invoice) _____

Purpose of Disclosure: (e.g. scholarship) _____

Signature: _____ Date: _____