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: ________________________________