University of Central Florida  
Department of Housing and Residence Life  

WAIVER FOR RELEASE OF STUDENT RECORDS  

By signing below, I hereby authorize release of the following educational records:  

- **Academic Records**  
  - [ ] Current Enrollment  
  - [ ] Grades  
  - [ ] Transcripts  

- **Student Conduct Records**  
  - [ ] Admission Clearance records  
  - [ ] Disciplinary records  

- **Housing and Residence Life Records**  
  - [ ] Roommate situation  
  - [ ] Information as it relates to living in housing  
  - [ ] Disciplinary records  

The records indicated above may be released to:  

__________________________________________  ____________________________________  
(name)  (relation to student)  

__________________________________________  ____________________________________  
(name)  (relation to student)  

These records will be available to the above-listed individual(s) for the period of time:  

Effective: _________________   Ending: _________________  
(date)  (date)  

_______________________________  _______________________________  
(Print Student Name)  (Signature)  

_______________________________  _______________________________  
(Student PID)  (Date)