

**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: _____
(date)

Ending: _____
(date)

(Print Student Name)

(Signature)

(Student PID)

(Date)