



YEAR/TERM	COURSE # and TITLE	REG # (EX. 00123)	COURSE FEE

**AUTHORIZATION TO RELEASE SOCIAL SECURITY NUMBER, CLASS SCHEDULE, ATTENDANCE, AND GRADES**

In accordance with the Federal Privacy Act of 1974, you are hereby notified that disclosure of your student record is voluntary. UCI Division of Continuing Education (DCE) requires your authorization to release your student record to your sponsor for enrollment tracking purposes. By submitting this registration form and enrolling in a course, you authorize the UCI Division of Continuing Education Student Services Office to release your social security number, class schedule, attendance, course progress, and/or final grade to your sponsor. If you wish to restrict release of this information, please submit your request in writing to the Student Services Office.

Please sign and date to acknowledge that you have read and understand the authorization listed above. We accept electronic signatures.

 \_\_\_\_\_  
**STUDENT SIGNATURE**

 \_\_\_\_\_  
**DATE**
**PLEASE PRINT CLEARLY.**

 \_\_\_\_\_  
 Last Name

 \_\_\_\_\_  
 First Name

 \_\_\_\_\_  
 MI

 \_\_\_\_\_  
 Home Address

 \_\_\_\_\_  
 City

 \_\_\_\_\_  
 State

 \_\_\_\_\_  
 Zip

 \_\_\_\_\_  
 Birthdate  
(MM/DD/YY)

/ /

 \_\_\_\_\_  
 DCE Student ID #

 Gender  Male  Female

 \_\_\_\_\_  
 Email Address:

*\* Please select preferred means of phone contact:*
 Cell (       )

 Home (       )

**APPROVAL SIGNATURES (REQUIRED)**

Principal Investigator Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Dean Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

GPS-STEM Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_