



COLLEGE OF ENGINEERING  
RELEASE FROM CONFIDENTIALITY OF ACADEMIC RECORD

I, \_\_\_\_\_ UFID \_\_\_\_\_, authorize \_\_\_\_\_  
of the College of Engineering, to discuss these aspects of my academic record:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ with the party or  
parties identified below:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

This authorization begins today \_\_\_\_\_ and ends \_\_\_\_\_.  
(not to exceed 1 semester)

I recognize that I may revoke this release at any time by coming to the College of Engineering and completing the bottom half of this form.

I understand that this release applies only to in-person advising sessions. This release is not honored for advising via the telephone or by electronic mail.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**REVOCACTION OF RELEASE**

I revoke the release of confidentiality, effective immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_