



INFORMATION RELEASE FORM – UNIVERSITY OF CALIFORNIA

To be completed upon acceptance of enrollment at a UC Campus

Name

Address

Phone No.

City, State, Zip code

Birth date

UC Campus

Graduation Date

As a condition of my participation with the **Peggy and Jack Baskin Foundation Scholarship Program**, I hereby authorize my University to release to the Peggy and Jack Baskin Foundation any and all information relating to my financial aid, grades, class standing, transfer records, or any other relevant information which the Foundation may request.

This authorization shall be valid for a period of one year beyond the graduation date from both my community college and UC School.

Signed _____
(Student)

Date Signed _____

Signed _____
(UC Campus Contact)