



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 in 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 college.

Signed \_\_\_\_\_  
(Student)

Date Signed \_\_\_\_\_

Signed \_\_\_\_\_  
(UC Campus Contact)