

AUTHORIZATION TO RELEASE INFORMATION TO UNIVERSITY OF CINCINNATI AGENCY REPRESENTATIVES OR OTHER THIRD PARTIES

Release of information to third parties requires your permission. If you wish for us to release information to any other third party, you need to complete this release document and sign it and return it to UC International Services or the International Admissions Office.

I, (print name of person releasing information)	
born (month/day/year of birth)	_ in (country),
authorize UC International Services OR the Inte	ernational Admissions Office to
release information pertaining to my admission s	status, scholarship awards, course
schedule, UC billing/payment information or visa	documents to the representative
agency listed below. I further authorize the relea	ase of information to UC's country
coordinators if I am from China or India.	
Agency or Person to Whom the University o	of Cincinnati May Release Your
Records	
Name:	
Street or mailing address:	
City:	Mail code:
Country:	
As required by the Family Educational Rights and (FERPA), by my signature I hereby authorize the University records specified above to the 3 rd par authorization shall remain in force until such time as a commission on my enrollment (if an agency) or person).	niversity of Cincinnati to furnish the ty I have identified above. This the 3 rd party is no longer entitled to
Student's Signature:	Date:

I: Authorization to Release Information