



University of California San Francisco

Controller's Office

Attention: Student Accounts
Contracts and Grants Accounting
Box 0815
San Francisco, CA 94143-0815

STUDENT CONSENT TO RELEASE FORM

I, _____, hereby authorize the University of California, San Francisco, to release Student Loan(s)/Financial Information to:

Name

Relationship

I certify that my consent for the release of this information is entirely voluntary. I certify that I understand this consent to release can be revoked by me at any time in writing but will not be effective for materials already released under it.

Student Signature

Date