



INTERNATIONAL STUDENT SERVICES
 9500 GILMAN DRIVE
 UCSD EXTENSION 0176-D
 LA JOLLA, CALIFORNIA 92093-0176

email: ipinfo@ucsd.edu

website: ip.extension.ucsd.edu

tel: 858-534-6784 fax: 858-534-5703

Academic Verification Form

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS TO THIRD PARTY (TO BE COMPLETED BY STUDENT)

I _____, hereby authorize any staff member of

_____ (name of student's current school)

to release information concerning my attendance and/or academic records to the following person(s):

Any staff member of UC San Diego Extension International Student Services.

 Student's signature in English

 Date

 Student's name in block-printed letters (English)

 Student's program and ID number at current school

Student: Please give this form to your Academic Advisor at your current English Language school for them to complete and return to us by fax (858) 534-5703 or email to ipinfo@ucsd.edu. This form is only to be used if a student cannot yet obtain a grade AND attendance report for the current session of study that he/she is enrolled in.

Advisor's Name: _____ Title: _____

Phone: _____ email: _____

Student's Name: _____

DOB: _____

Has the above mentioned student been in attendance at your school for 4 weeks or more? (YES/NO)

Has the student received any grade below "C"? (YES/NO)

Please rate the student in the following areas of their current session:

Attendance	100%	90%	80%	70%	60%
Academic Effort	Excellent	Good	Satisfactory	Poor	

Advisor's signature: _____

Date: _____

Official School Stamp



Thank you very much for taking the time to complete this form.