



UNIVERSITY OF CENTRAL FLORIDA

**Physics Department**

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**Department of Physics  
GTA Record Release Authorization Form**

\*Completing/signing this form is **voluntary**. By completing/signing this form, I understand that:

- It does not constitute granting permission to any portion of my financial information.
- This form will be used to authorize the release of a student’s personal identifiable information for department use as noted below.
- This authorization will remain in force until graduation, or until I submit a written and signed notification to the Department of Physics GTA Coordinator rescinding my permission to release the information noted below, whichever comes first.
- For security reasons, this information should not be released over the phone or by e-mail.
  - However, **I am authorizing the release of my knights e-mail address and my best contact telephone number** to be posted as part of the GTA assignments, on the Department of Physics website, Physics intranet, and/or shared by e-mail with Physics faculty/students/staff as needed for the purpose of faculty/students/staff to be able to contact me while I am assigned a GTA and/or grader position with the department.

Student name (print): \_\_\_\_\_ UCFID: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:

Student’s e-mail address and/or telephone number was posted on PHY website and/or intranet

Student’s e-mail address and/or telephone number was shared with PHY faculty, staff, and/or students

Completed by (Initials): \_\_\_\_\_

(Form created: 1/3/19)