

Student Name: \_\_\_\_\_

## Dean's Certification

UGA Office of the Registrar Holmes/Hunter Academic Bldg. Athens, GA 30602-6113

UGA ID Number:

Authorization	to Release Student Records for Dean's Certification
Privacy Act, 20 U. Office of the Reg	y privacy rights, including, but not limited to any rights pursuant to the Family Educational Rights and S.C. § 1232g, and grant my consent to authorize the University of Georgia Office of Student Conduct gistrar, Equal Opportunity Office, and Office of Vice President for Instruction to release any and a and/or matters under investigation involving me for the purpose of obtaining a Dean's Certification.
Signature:	Date:
Mailing Addres	s:
Fax Number:	
Phone Number	: 
Please indicate d	elivery method:
	Mail the completed form to the address listed above.
	Fax the completed form to the number listed above.
	Notify me when the completed form is ready and I will pick it up from the Registrar's Office.

**PLEASENOTE:** The entire Dean's Certification process takes approximately 7 to 10 business days. Requests cannot be made over the phone or processed without a signature.

This form, along with the Dean's Certification portion of your application (if applicable), may be emailed from a **UGAEmail** Address o reghelp@uga.edu. It can also be brought in person or mailed to the Office of the Registrar, 105 Holmes/Hunter

Revised June 2025

Academic Bldg., Athens, GA 30602.