

AUTHORIZATION FOR RELEASE OF INFORMATION

This release represents your written consent to disclose educational records maintained by the Student Affairs Student Conduct Office to specific individuals listed below. Please read this document carefully, fill in all the blanks, and initial in the space provided to indicate which documents may be disclosed.

I, _____ (Student's Full Name) _____ (Student ID Number)

authorize the Student Affairs Student Conduct Office to release the following:

(Initial next to appropriate items)

_____ Any and all of my student conduct records

_____ Only my records associated with the incident of _____

_____ All of the following information/records:

I permit the above listed information to be released to: (please be specific and list all names and contact information, if applicable)

This authorization for release of information shall be valid from _____, 20__

until _____, 20__.

By signing below, I understand that this release may be revoked at anytime by written request to the Student Conduct Office, except to the extent that action has already been taken upon this release. I am also aware that the Student Conduct Office and/or Student Affairs are not responsible for the way in which any information released under this authorization is used.

(Signature of Student)

(Date)

(Phone Number)

(Signature of University Representative)

(Date)