



University of Colorado at Boulder

Judicial Affairs

Regent Administrative Center 206

UCB 10

Boulder, CO 80309-0010

(303) 492-5550 Fax: (303) 492-3589

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____

Student ID#: _____

Student's Address: _____

Student's Phone #: _____

I, _____, authorize the Office of Judicial Affairs and/or the Department of Housing and Dining Services to release:

- 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 that apply)

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

I understand that this release may be revoked at anytime by me notifying the Office of Judicial Affairs and/or the Department of Housing and Dining Services, but the Office of Judicial Affairs and/or the Department of Housing and Dining Services is not responsible for information released under this authorization before any revocation. I am also aware that the Office of Judicial Affairs and/or the Department of Housing and Dining Services is not responsible for the way in which any of the information released under this authorization is used.

Signature of Student: _____

Date: _____