



University of Colorado at Boulder

**Office of Student Conduct**

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 Student Conduct 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 Student Conduct and/or the Department of Housing and Dining Services, but the Office of Student Conduct 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 Student Conduct 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: \_\_\_\_\_