

AUTHORIZATION FOR RELEASE OF INFORMATION

Name:

IdentiKey:

Email:

Phone: Address:

I, _____ authorize the University of Colorado Student Government to release:

- I. ___ Any and all of my student conduct records.
- II. ___ All of the following information/records: Name(s), phone number, candidate biographies, expenditure reports, records of Infraction Tribunal, Election Commission and Appellate Court hearings.
- III. ___ Only my records associated with incident _____ .

I permit the above listed information to be released to: Megen Princehouse (CUSG Office Manager), Jade Kelly (CUSG Program Advisor), and Mark Lester (CUSG Election Commissioner) This authorization for release of information shall be valid from February 12, 2024 through April 24, 2024.

I understand that this release may be revoked at any time by notifying the University of Colorado Student Government, and the University of Colorado Student Government is not responsible for information released under this authorization before any revocation. I am aware that the University of Colorado Student Government is not responsible for the way in which any information released under this authorization is used.

Signature of Student: _____ Date: _____