



**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_ authorize the Student Conduct & Conflict Resolution and/or the Department of Housing and Dining Services to release:

Any and all of my student conduct records.

Only my records associated with incident \_\_\_\_\_ .

All of the following information/records:

\_\_\_\_\_  
\_\_\_\_\_

I permit the above listed information to be released to: (be specific and list all names that apply)

\_\_\_\_\_  
\_\_\_\_\_

This authorization for release of information shall be valid from \_\_\_\_\_, 20\_\_\_\_

through \_\_\_\_\_, 20\_\_\_\_.

I understand that this release may be revoked at any time by notifying Student Conduct & Conflict Resolution and/or the Department of Housing and Dining Services, and Student Conduct & Conflict Resolution and/or the Department of Housing and Dining Services is not responsible for information released under this authorization before any revocation. I am aware that Student Conduct & Conflict Resolution and/or the Department of Housing and Dining Services is not responsible for the way in which any information released under this authorization is used.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_