

*Student Conduct and Case Management  
Student Affairs  
Sanders Administration Building, Suite 204*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Student Name: \_\_\_\_\_  
Student ID#: \_\_\_\_\_  
Student Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Office of Student Affairs and/or the Office of Student Conduct to release:

- Any and all of my student conduct records.
- Only my records associate with the incident of \_\_\_\_\_ (CASE NUMBER).
- All of the following information/records:

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

I permit the above listed information to be release to and/or discussed with: (please be specific and list all names and/or agencies that apply)

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

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

I understand that this release may be revoked at any time by me notifying the Office of Student Affairs and/or Office of Student Conduct, but the Office of Student Affairs and/or the Office of Student Conduct is not responsible for the information release under this authorization before revocation. I am also aware that the Office of Student Affairs and/or the Office of Student Conduct is not responsible for the way in which any of the information under this authorization is used. Positive proof of identification must be provided prior to release being granted.

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