Authorization to Disclose Information

NOTE: The purpose of this authorization is to promote collaboration between the student listed below, the staff of the Dean of Students office, and individuals cited below in the best interest of the student. The Dean of Students office requires this release in order to discuss or disclose student information as identified below. It is not required in order for enrolled students to receive student services. Please discuss any questions or concerns with the staff in the Dean of Students office.

I, ________________________, Student ID,_________________, hereby authorize the Dean of Students office in conjunction with provided services to release to and/or discuss the following information (check all that apply):

___ discuss & release my comprehensive student record for the following purpose:

_______________________________________________________________________
_______________________________________________________________________

___ related academic issues, grades, attendance, and homework assignments
___ recommendations for assisting the above-named student
___ related student-athlete records
___ related student conduct and/or behavioral intervention records
___ related education records maintained by the Office of the Registrar, Cashiers, and Financial Aid
___ other confidential information (e.g., summary of related information etc.) – please specify:

_______________________________________________________________________

with the following person(s).

_____________________________________________________________________________
(state name(s) & relationship)

This authorization expires ____________________________ (specify date, event, or condition upon which it will expire – e.g., closure to specific situation). **This authorization will expire at the end of the current academic term if a date is not provided.**

_______________________________________________________________________

Signature of Student   Date