

AUTHORIZATION TO DISCLOSE CONDUCT INFORMATION 9.13.13

I authorize the following people or offices:

to disclose to:

PERSON

RELATIONSHIP TO STUDENT

Anything regarding the (date)_____ incident (the police and incident report/s, conversations I have had with the hearing officer/s, the conduct process, etc.)

Only the information listed below:

Excluding the information listed below:

For the purpose of:

I also understand that if at a later date I want this authorization to cease I must submit in writing a request to revoke the authorization.

Student's Name (printed): _____

Student's Signature: _____ Date: _____