

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the below identified person, do hereby release the following records and/or information to be exchanged and/or released between:

Community Standards &	AND	
Accessibility for Students		
2901 University Ave. Stop 9040		
Grand Forks, ND 58202		

I understand that this release will include the following information (check all that apply):

Judicial	
Crisis	
Special Circumstance	
Accessibility for Students	
Other	

This information may be transmitted by mail, email, in person, phone or verbally.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE DURATION OF MY ACADEMIC CAREER UNLESS I SPECIFY AN EARLIER EXPIRATION IN THIS SPACE.

I understand that information in confidential records cannot be released without my written consent unless otherwise provided for in legal statutes, judicial orders, and the University of North Dakota <u>Code of</u> <u>Student Life</u>. My signature below indicates that I understand the conditions of this release and that I give my authorization voluntarily.

PRINT NAME	Student ID	PHONE				
STREET ADDRESS	CITY	STATE	ZIP CODE			
SIGNATURE OF STUDENT		DATE				
PRINT NAME OF STAFF PERSON FACILITATING REQUEST						
SIGNATURE OF STAFF PERSON	DATE					

NOTICE: Further disclosure of confidential information without the specific written consent of the person to whom it pertains is prohibited by state and federal statutes.