

AUTHORIZATION FOR PERSONAL ADVOCATE AND RELEASE OF INFORMATION

I, the below identified person, do hereby authorize the following individual to act as my personal advocate in the UND Code of Student Life conduct process. I further release the following records and/or information to be exchanged and/or released between:

Community Standards & Care Network 2901 University Ave Stop Grand Forks, ND 58202	AND 9040		
I understand that this release	e will include the following infor	mation (check all that	apply):
Ju	udicial		
	Other		
This information may be tran	ismitted by mail, email, in perso	n, phone or verbally.	
	EMAIN IN EFFECT FOR THE DURA OTHERWISE AN EARLIER EXPIRA		
unless otherwise provided for	in confidential records cannot be in legal statutes, judicial orders, a ow indicates that I understand th	and the University of No	orth Dakota <u>Code of</u>
PRINT NAME	Student ID	PHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE OF STUDENT		DATE	
PRINT NAME OF STAFF PERSC)N FACILITATING REQUEST		
SIGNATURE OF STAFF PERSON FACILITATING REQUEST		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.