

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 & Care Network
2901 University Ave. Stop 9040
Grand Forks, ND 58202

AND

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

☐ Judicial

☐ Crisis

☐ Special Circumstance

☐ 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 Code of Student Life. 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 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.