

## 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:

Office of Student Rights and Responsibilities AND \_\_\_\_\_  
 2891 2<sup>nd</sup> Ave. N. Stop 9040 \_\_\_\_\_  
 Grand Forks, ND 58202 \_\_\_\_\_

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, fax, in person, or orally.

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 ID# PHONE # (CELL and/or OTHER)

\_\_\_\_\_  
 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.**