

**AUTHORIZATION FOR PERSONAL ADVOCATE  
AND  
RELEASE OF INFORMATION**

I, the below identified person, do hereby authorize the following individual:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

to act as my personal advocate in the UND Code of Student Life Conduct process; and I further release the following records and/or information to be exchanged and/or released between said individual and:

**Office of Student Rights and Responsibilities  
McCannel Hall  
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**  
 **Other:** \_\_\_\_\_

This information may be transmitted by mail, email, fax, in person, or orally.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE DURATION THIS STUDENT CONDUCT PROCESS or until I specify otherwise in writing to the Office of Student Rights and Responsibilities.

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 STUDENT NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME OF STAFF FACILITATING REQUEST: \_\_\_\_\_

SIGNATURE OF STAFF 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.*