



**STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION**

Student's Name \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone \_\_\_\_\_

I (print) \_\_\_\_\_, authorize U.S. Equities Student Housing and/or the Department of Residence Life to release:

- Any and all of my student judicial records
- Only records associated with the incident of \_\_\_\_\_
- All of the following information/records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I permit the above listed information to be released to: (please be specific and list all names that apply)

\_\_\_\_\_  
\_\_\_\_\_

This authorization for release of information shall be valid from \_\_\_\_\_, 20\_\_\_\_\_  
until \_\_\_\_\_, 20\_\_\_\_\_.

I understand that this release may be revoked at anytime by me notifying U.S. Equities Student Housing and/or the Department of Residence Life, but U.S. Equities Student Housing and/or Department of Residence Life is not responsible for information released under this authorization before any revocation. I am also aware that U.S. Equities Student Housing and/or Department of Residence Life is not responsible for the way in which any of the information released under this authorization is used.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_