

UNIVERSITY OF LOUISVILLE®

Dean of Students Office

Authorization to Release Information Disciplinary (Conduct) Records Check

Full Name _____ Student ID Number _____

Other Names Used _____

Dates of Attendance at UofL _____

Email Address _____ Phone # _____

I, _____, hereby authorize and request the University of Louisville Dean of Students Office to release any information on Student Code of Conduct charges and resolution of sanctions to:

Name _____ Institution/Agency _____

Email Address _____ Fax # _____

In giving this authorization, I knowingly and willingly waive all privacy and confidentiality rights (pursuant to the Family Education Rights of Privacy Act of 1974) to which I am entitled under federal, state or local law or under University of Louisville rules, regulations, statutes or policies. I understand that information released to the above party pursuant to this document becomes the responsibility of that outside party and the Dean of Students Office shall not be held liable should the outside party release the information.

Signature _____ Witness Signature _____

Printed Name _____ Date _____

Date _____