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 _____________________________