



Dean of Students Office

Robert L. Nugent Building
PO Box 210040
1212 E. University Blvd
Tucson, AZ 85721-0040
Tel: (520) 621-7057
Fax: (520) 621-9866
http://deanofstudents.arizona.edu

AUTHORIZATION FOR RELEASE OF INFORMATION

The execution of this form does not authorize the release of any information other than that specifically described below.

PLEASE NOTE to properly fill out this form electronically you must use Adobe Reader or Acrobat 8.0 or greater. If any other PDF viewer is used (such as Apple Preview or Google Chrome PDF viewer) the form will not format correctly and the filled in fields will appear blank when received by our office. Make sure to save a copy of the completed form on your computer as a back up.

TO WHOM IT MAY CONCERN:

I, _____, SID # _____, hereby authorize the Dean of Students Office of The University of Arizona to release the following specific information/records:

to the person(s) and/or agency of _____, address _____ Street _____ City _____ State _____ Zip _____.

Specific purpose of this authorization:

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written permission. I hereby waive all provisions of law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the University office or person who maintains records of this authorization. This authorization is good for one year from the date I sign this release and photocopies of this release form may be accepted, when presented in person with appropriate identification. I may change the expiration date, if I so desire, by providing written notice to the person or office who maintains a record of this authorization. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release. The information must be destroyed when no longer needed for the specified purpose.

Student Signature

Date