

Authorization for Release of Information

Robert L. Nugent Bldg., PO Box 210040, Tucson, AZ 85721-0040

Please use black or blue ink.



THE UNIVERSITY OF ARIZONA

Dean of Students Office

Website: <http://deanofstudents.arizona.edu/>

Email: DOS-deanofstudents@email.arizona.edu

Phone: 520-621-7057

Fax: 520-621-9866

Last Name

First Name

MI

Student ID Number

Net ID

Date

CHECK ONE:

Consent for FULL ACCESS to Educational Records:
(Contents of entire Conduct and Assistance file.)

Consent for LIMITED ACCESS to Educational Records:

Contents of entire Conduct file

Contents of entire Assistance file

Contents of individual Conduct cases

Other (specify)

VALID FOR:

One Time Use: This authorization can be used only once.

Limited Use: This authorization expires on _____

Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year from the date on this form.

Purpose for the Authorization (Please explain): _____

Provide full name and address of individual(s) to whom access to records may be provided: _____

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the 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 the records relating to this authorization.

Student's Signature

Date