Student Conduct and Conflict Resolution and Residential Judicial Programs

Information Release Form

I, _____, _____, AM / WAS
Print Full Name UFID (*Circle One*)

a student at the University of Florida and hereby give my voluntary consent to the office of Student Conduct and Conflict Resolution and Residential Judicial Programs to disclose the following records (*check one*):

- ❑ Contents of Individual Case – Dates: _____
- ❑ Contents of Entire Conduct File
- ❑ Other: _____

For the Purpose of: _____

_____

To the Following Person(s):

NAME: _____ Relationship: _____

Phone: _____ Address: _____

NAME: _____ Relationship: _____

Phone: _____ Address: _____

NAME: _____ Relationship: _____

Phone: _____ Address: _____

Please indicate your <u>access preference</u> regarding the nature of this record release (*initial appropriate items*).

_____ Authorize Student Conduct and Conflict Resolution and Residential Judicial Programs staff to **ORALLY DISCUSS** information contained in file.

_____ Provide **PERSONAL ACCESS** to documentation contained in file.

_____ Allow those persons named in this document access to information first hand during administrative meetings and hearings in their role as an **ADVISOR**.

_____ All of the Above

Please note that this form gives the SCCR and OCRJP your consent to release information pertaining to your conduct case(s) to the above named individual(s) as indicated above, *even if you are not present*. Once you sign this form, we will not seek your permission to release information to the person(s) listed above beforehand, nor will we contact you after an inquiry is made and/or information is released. If you wish to remove this form from your file or you wish to provide updates, you may do so by contacting the SCCR or OCRJP directly.

_____ _____
Signature of Student Date