



STUDENT CONDUCT
STUDENT AFFAIRS

Authorization to Release Student Conduct Records

Please type or print.

Student's Full Name _____ Student ID# _____

Student's Permanent Address _____
Street

City State Zip

Student's Email Address _____ Student's Phone # _____

I, _____, hereby waive my privacy rights (pursuant to the Family Education Rights and Privacy Act of 1974), and authorize Student Conduct, at Auburn University to release and/or discuss information regarding the following:

- Any and all of my student conduct records.
- Only my records associated with the following incident:

- All of the following information/records:

- Such information may be released and/or discussed with the following:

1. _____
Name/Organization Relationship (if applicable) Phone Number Email

Street City State Zip

2. _____
Name/Organization Relationship (if applicable) Phone Number Email

Street City State Zip

3. _____
Name/Organization Relationship (if applicable) Phone Number Email

Street City State Zip

This waiver shall be considered valid for one calendar year from the day noted by my signature below.

Signature Date