

Western Oregon University

Student Conduct Program

Authorization To Release Educational Records Related to Student Conduct

Name of Student Releasing Information: _____

Student's ID Number: _____

Name of Institution and Individuals Given Consent to Make Disclosure

Name of Institution and/or Individuals Given Consent to Receive Disclosure

Purpose of this disclosure

What information will be disclosed?

This consent is subject to revocation at any time, except to the extent that action has been taken in reliance hereon, and if not earlier revoked, this consent shall terminate on: _____ without express revocation (not to exceed one year).

I have carefully read and I understand the above. I consent to the release of the above specified information or records about my student conduct file to those persons or institutions listed. I further release the Dean of Students, Western Oregon University, and its agents and employees from any liabilities arising from the release of this information or records to such designated persons or agencies.

I understand that the requester may not further use or disclose the information or record unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Signature of Student

Date

Signature of Parent/Conservator/Guardian (if necessary)

Date