



AUTHORIZATION TO RELEASE INFORMATION

Office of Student Life – Student Conduct

PERSONAL INFORMATION

FULL NAME			STUDENT ID		
LOCAL ADDRESS					
PERMANENT ADDRESS					
PERMANENT PHONE		LOCAL PHONE		EMAIL ADDRESS	
DOB	AGE	CLASS STANDING <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Grad			<input type="checkbox"/> Summer session only student
					MAJOR

I give authorization for the Office of Student Conduct to release the following information to:

- ☐ Discuss my student conduct record(s) or alleged violations with the individual(s) or agency, office, department named below.
- ☐ Report on my student conduct history for the purposes of a disciplinary clearance check to the individual(s), agency, office, or department named below. A signed copy of the clearance form must be provided to the Office of Student Conduct by the student or requesting agency, office or department.
- ☐ Other: Please specify _____

I give authorization for the Office of Student Conduct to release information indicated above to the following:

NAME & CONTACT INFO. TAWANA PARKS, tparks@ucmerced.edu, 209-228-3402	RELATIONSHIP TO YOU Advisor, ASUCM
NAME & CONTACT INFO.	RELATIONSHIP TO YOU

I am requesting the above named individual(s) be provided with the requested information by: _____

Please note that copies of student conduct records are not released to third parties except as authorized by a court order or subpoena. The Office of Student Conduct requires five (5) business days (from date of request) to comply with your request.

Delivery Method (Choose one):

- ☐ Pick Up (Make sure to bring picture ID when picking up completed documents.)
- ☐ Mail (If you are requesting documents be mailed to you, please provide the following.)

NAME/ORGANIZATION	
MAILING ADDRESS	PHONE NUMBER

I certify that I am the above named person and the information I have provided is accurate.

Signature: _____

Date: _____

By providing a signed and dated copy of this authorization to the Office of Student Conduct at the University of California, Merced, the student consents to the release of the above noted records to the authorized recipient(s). The student further agrees that the Office of Student Conduct Officer(s) may discuss the information contained in these records with the recipients. This consent applies to educational records that may otherwise be protected under the Federal Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g. Unless deauthorization is requested, this authorization will remain active until July 1 following the present academic year.

Received by: _____	Date: _____	Processed by: _____	Date: _____
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