



AUTHORIZATION TO DISCLOSE INFORMATION TO
AND FROM THE OFFICE OF STUDENT CONDUCT

THIS RELEASE REPRESENTS YOUR WRITTEN CONSENT TO DISCLOSE STUDENT CONDUCT RECORDS
MAINTAINED BY SOUTHEASTERN LOUISIANA UNIVERSITY, TO SPECIFIC INDIVIDUALS IDENTIFIED
BELOW. PLEASE READ THIS DOCUMENT CAREFULLY AND FILL IN ALL APPLICABLE BLANKS.

I, _____, W# _____
(PRINT FULL LEGAL NAME)

AUTHORIZE _____ OR OTHER SOUTHEASTERN LOUISIANA UNIVERSITY
(LIST INDIVIDUAL)

STUDENT CONDUCT STAFF TO RELEASE AND TO RECEIVE INFORMATION AS MARKED BELOW:

- ___ ALL DISCIPLINARY INFORMATION
___ ALL MENTAL HEALTH TREATMENT
___ ALL DRUG AND/OR ALCOHOL TREATMENT AND/OR ASSESSMENT
___ CONTENTS OF INDIVIDUAL JUDICIAL FILE (SPECIFY DATE OF INCIDENT) _____
(ENTER INCIDENT DATE)
___ OTHER: (PLEASE SPECIFY) _____

THIS INFORMATION SHOULD BE PROVIDED TO THE PERSON LISTED BELOW VIA:

- ___ PROVIDE PERSONAL ACCESS TO DOCUMENTATION CONTAINED IN FILE.
___ AUTHORIZE UNIVERSITY OFFICIAL TO ORALLY DISCUSS INFORMATION IN FILE.

TO DISCLOSE TO:

PERSON

RELATIONSHIP TO STUDENT

Blank lines for entering person and relationship information.

I UNDERSTAND THAT UNDER FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, NO DISCLOSURE OF MY
RECORDS CAN BE MADE WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR, IN LEGAL
STATUTES AND OSC DECISIONS/AGREEMENTS. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY
TIME (VIA WRITTEN REQUEST) EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN UPON THIS
RELEASE.

STUDENT'S SIGNATURE: _____ DATE: ____/____/____

THIS AUTHORIZATION IS VALID FOR 3 MONTHS FROM DATE OF SIGNING