

# Indiana University Purdue University Indianapolis

Office of Dean of Students

## AUTHORIZATION FOR RELEASE OF INFORMATION

Students Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Student's Address: \_\_\_\_\_

IUPUI email address \_\_\_\_\_

I, \_\_\_\_\_ authorize the office of Dean of Students/Student Rights,  
Responsibilities and Conduct to release:

- Any and all of my student conduct records.
- Only my records associated with the incident of \_\_\_\_\_
- All of the following information/records:

\_\_\_\_\_  
\_\_\_\_\_

I permit the above listed information to be released to: (please be specific and list all names  
that apply)

\_\_\_\_\_

The authorization for release of information shall be valid from \_\_\_\_\_, 20\_\_\_\_  
until \_\_\_\_\_, 20\_\_\_\_.

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_