CONSENT TO THE RELEASE OF INFORMATION FOR ADVISOR

Dean of Students Office – Student Rights and Responsibilities

STUDENT NAME: _________________________    STUDENT ID NUMBER: _________________________

EDUCATIONAL RECORD(S) TO BE RELEASED: Conduct Record

NAME OF ADVISOR TO WHOM DISCLOSURE OF RECORDS MAY BE MADE

   Note: a separate form must be signed for each advisor.

(“Authorized Recipient”): _______________________________________________________________

PURPOSE OF DISCLOSURE:

☐ Participation in Student Code of Conduct Proceedings
☐ Other _________________________

ACKNOWLEDGEMENT OF CONSENT TO RELEASE INFORMATION:

By presenting a signed and dated copy of this Consent to Arizona State University “ASU”, the Student consents to the release by ASU of the Records to the Authorized Recipient for the Purpose identified above. The Student further agrees that ASU may discuss the information contained in the Records with the Authorized Recipient. This Consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g.

Student Signature: _______________________________    Date: __________________

Student Phone: ___________________    Student ASU Email Address: ____________________

Advisor Signature: _______________________________    Date: __________________

Advisor Phone: ___________________    Email Address: _________________________