



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:** _____