



OFFICE OF STUDENT ENGAGEMENT & DEAN OF STUDENTS
COMMUNITY STANDARDS AND CONFLICT RESOLUTION

Release of Information

Student Name: _____ Bear number: _____

Student Address: _____

Student Phone Number: _____

I authorize the Dean of Students Office Housing and Residence Life

to: Release information to Exchange information with Receive information from

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

PHONE NUMBER _____

PHONE NUMBER _____

For the purpose of: improving communication with the above designated concerned parties

Regarding:

Any and all of my student conduct records

Only my records associated with the incident of _____

All of the following Information/records:

Student Signature: _____

Date: _____