

UNIVERSITY of
NORTHERN COLORADO



Release of Information

Student Name: _____

Bear Number: _____

Student Address: _____

Student Phone Number: _____

I authorize the Dean of Students Office 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 information to be released to:

NAME _____

NAME _____

AGENCY _____

AGENCY _____

ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

PHONE NUMBER _____

Student Signature: _____

Date: _____