



# Release of Information

Student Name: \_\_\_\_\_

Bear Number: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_

Student Contact Number: \_\_\_\_\_

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*In accordance with FERPA, the University will disclose to the parties listed below information from the academic records of a student provided the University has on file written consent of the student. Please sign below if you consent for the university to release the information and the stipulations to the parties listed.*

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I authorize \_\_\_\_\_ to release:  
Name Title

- Any and all of my student conduct records.
- Only my records associated with the incident # \_\_\_\_\_
- 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 \_\_\_\_\_

- Release information to UNC Response Team

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