

RECORDS RELEASE AUTHORIZATION FORM

The University of California, Berkeley has a responsibility to protect students' and student organizations' information, including information pertaining to conduct files as defined by the Family Educational Rights and Privacy Act (FERPA). This information is strictly confidential and can only be released upon the written consent of the student or student organization's current leadership.

The Center for Student Conduct is the office of record for all conduct files pertaining to the Berkeley Campus Code of Student Conduct. The Center for Student Conduct will provide a scanned electronic copy of the requested file(s) to the authorized e-mail address provided below upon request. Please allow three business days to process this request as all documents must be redacted for identifiable information pertaining to other students.

I waive my right to confidentiality and grant officials administrating the conduct process at the University of California, Berkeley permission to share information pertaining to my conduct record.

Authorized Student E-Mail: _____ Phone: (_____) _____ - _____

Content of Release:

- Complete conduct record
- Case # _____

- I understand and confirm that I have authorized and requested to send information by electronic mail to the authorized e-mail address provided in connection with the request of the above conduct record(s).*
- I acknowledge that the information requested is confidential information under the Family Educational Rights and Privacy Act (FERPA) and will be redacted in accordance with the University of California Berkeley Disclosure of Information from Student Records Policy (rev. July 17, 2008).*
- I understand that the transmission of information by e-mail may not be secure and e-mail has been known to be lost, to arrive incompletely, to arrive belatedly, to arrive with errors and/or be corrupted, or to contain viruses; and that the information will not be encrypted when it is sent.*

Fill in this box only if you are requesting a record for a student organization:

 Printed Name of Student Organization

 Leadership Position

 Name of Authorizer (Student's Printed Name)

 SID

 Signature of Student

_____/_____/_____
 Date