



Student Name: _____

V Number: _____

I, the undersigned, authorize Virginia Commonwealth University (VCU) to discuss and/or release records (designated below) that directly relate to me. I understand that this authorization pertains to all information stored in a database related to student conduct and student of concern processes used by the Department of Residential Life and Housing (RLH). This authorization is limited to the records pertaining to these processes in Residential Life and Housing, and does not extend to other records held by the university. I understand that VCU may redact information from these records as necessary to ensure that the disclosure does not violate the privacy rights of another student. I understand that this authorization will be in effect for one calendar year from the date below, and that I may revoke the waiver in writing at any time by submitting another form indicating my intent to revoke previous authorization(s). Upon expiration, a new form will be required to continue authorization.

I authorize the following individuals:

Name: _____

Communication Means (Check all that apply): Email Writing Phone In-Person

Name: _____

Communication Means (Check all that apply): Email Writing Phone In-Person

Name: _____

Communication Means (Check all that apply): Email Writing Phone In-Person

The following information may be released/discussed with those authorized above (check all that apply):

- Release all information pertaining to my student conduct or student of concern records
- Release all information pertaining to my student conduct record only
- Release ONLY information pertaining to case number: _____
- Release ONLY information on cases in which the adjudicative process is complete
- Release ONLY information confirming whether or not student conduct records exist
- Release ONLY the documents or specific information that I designate (attach a list of details)
- REVOKE all authorizations for my records on file in RLH

Student Signature: _____

Date: _____