



Judicial Affairs

Salazar Hall, 1018
1801 East Cotati Ave.
Rohnert Park, CA 94928
707-664-2838 office
707-664-3200 fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____

Student ID #: _____

Student's Address: _____

Student's Phone #: _____

I, _____, authorize Judicial Affairs 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 listed information to be released to: (please be specific and list all names that apply)

_____.

This authorization for release of information shall be valid from _____, 20__ until
_____, 20__.

I understand that this release may be revoked at anytime by me notifying a representative of the Judicial Affairs, but the Judicial Affairs is not responsible for information released under this authorization before any revocation. I am also aware that the Judicial Affairs is not responsible for the way in which any of the information released under this authorization is used.

Signature of Student: _____ Date: _____