

WAIVER OF CONFIDENTIALITY

Authorization for Release of Information

Student		SJSU ID		Date	/ /
Student's Phone #		Student's Email			

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student conduct records.

By signing this form, you agree that this office, or its authorized agents at San José State University, may disclose information from your disciplinary records to a third party (or parties). Please note that while you have the right to be assisted by an advisor throughout the student conduct process, all communication during the process must be conducted directly with you. Additionally, we will not release your file to any individual who is involved or connected to your case. If Student Conduct and Ethical Development cannot verify the identity of the person or persons indicated below we will not release your record.

Indicate the third party (or parties) you would like your disciplinary file released to:

Name		Relation to You	
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Name		Relation to You	
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Please indicate how the information in your disciplinary file may be released:

- Verbal communication
- View only
- All of the above

Please indicate the information in your conduct file to be released

- All records and information contained in my discipline file(s)
- Release the following record(s) (i.e. specific cases letters, reports, etc.): _____

Indicate the time period that Student Conduct and Ethical Development may release the designated information. **If left blank the authorization will remain in effect for one calendar year from the date signed.** We cannot honor blanket or indefinite release requests.

- One time release of information request
- This release will remain in effect until (specify date): _____

I, the undersigned, authorize Student Conduct and Ethical Development (and its authorized agents at San José State University) to release the above education records and any information contained therein:

I understand and acknowledge that: **(1)** I have the right not to consent to the release of information contained in my education records **(2)** this consent will remain in effect until the above specified date, if no date or limitation is indicated authorization will remain in effect for one calendar year or may be revoked by me in writing, but that any such revocation shall not affect disclosures made prior to the receipt of any written revocation, and **(3)** the office is not responsible for the way in which and of the information released under this authorization is used.

_____ Student's Signature

_____ Date

Date Received: ___/___/___ **Staff Initials:** _____ **Records Released By (printname):** _____