

UNIVERSITY OF SAN FRANCISCO

CONSENT TO DISCLOSE STUDENT RECORDS MAINTAINED BY  
THE OFFICE OF THE VICE PROVOST FOR STUDENT LIFE

Student's Name: \_\_\_\_\_ USF ID#: \_\_\_\_\_  
*[Print full name]*

I, \_\_\_\_\_, am/was a student at the University of San Francisco and hereby give my voluntary consent to the Office of the Vice Provost for Student Life, or designee, to disclose the following records: *[Initial appropriate item(s)]*

\_\_\_\_\_ Contents of individual disciplinary file  
\_\_\_\_\_ Other: *(Please specify)* \_\_\_\_\_

To the following person(s): \_\_\_\_\_

These records are being released for the purpose of: \_\_\_\_\_  
*[Indicate the purpose of disclosure (i.e. communication with parents)]*

\_\_\_\_\_  
\_\_\_\_\_

Please indicate your access preference regarding the nature of this record release: *[Initial appropriate item(s)]*

\_\_\_\_\_ Provide personal access to documentation contained in file.  
\_\_\_\_\_ Authorize the Office of the Vice Provost for Student Life to orally discuss information contained in the file.  
\_\_\_\_\_ All of the above

I understand that under the Federal Educational Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request to the Office of the Vice Provost for Student Life) except to the extent that action has already been taken upon this release.

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

Signature of office staff member: \_\_\_\_\_ Date: \_\_\_\_\_