

UNIVERSITY OF SAN FRANCISCO

CONSENT TO DISCLOSE STUDENT RECORDS MAINTAINED BY
THE OFFICE OF THE VICE PRESIDENT FOR UNIVERSITY 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 President for University 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 President for University 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 President for University Life) except to the extent that action has already been taken upon this release.

Signature of Student: _____ Date: _____

Signature of office staff member: _____ Date: _____