

AUTHORIZATION FOR PERSONAL ADVOCATE AND RELEASE OF INFORMATION

I, the below identified person, do hereby authorize the following individual to act as my personal advocate in the UND Code of Student Life conduct process. I further release the following records and/or information to be exchanged and/or released between:

Community Standards & Accessibility for Students 2901 University Ave. Stop 9040 Grand Forks, ND 58202	AND	_____ _____ _____ _____
--	-----	----------------------------------

I understand that this release will include the following information (check all that apply):

- Judicial
- Other _____

This information may be transmitted by mail, email, in person, phone or verbally.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE DURATION OF THIS STUDENT CONDUCT PROCESS OR UNTIL I SPECIFY OTHERWISE AN EARLIER EXPIRATION IN THIS SPACE. _____

I understand that information in confidential records cannot be released without my written consent unless otherwise provided for in legal statutes, judicial orders, and the University of North Dakota [Code of Student Life](#). My signature below indicates that I understand the conditions of this release and that I give my authorization voluntarily.

PRINT NAME	Student ID	PHONE
------------	------------	-------

STREET ADDRESS	CITY	STATE	ZIP CODE
----------------	------	-------	----------

SIGNATURE OF STUDENT	DATE
----------------------	------

PRINT NAME OF STAFF PERSON FACILITATING REQUEST

SIGNATURE OF STAFF PERSON FACILITATING REQUEST	DATE
--	------

NOTICE: Further disclosure of confidential information without the specific written consent of the person to whom it pertains is prohibited by state and federal statutes.