

Office of Ethical Development and Restorative Practices
University of San Diego
5998 Alcala Park UC 132
San Diego, CA 92110
P: (619)-260-4590
Fax: (619) 849-8150



Name: _____ Student ID (If known): _____
Phone: _____ Email: _____
Dates of Attendance: _____

This release represents written consent to disclose student conduct records maintained by the Office of Ethical Development and Restorative Practices to the individuals listed below.

I, _____ (Please Print Name) _____ (ID Number)

hereby give my voluntary consent to the Office of Ethical Development and Restorative Practices to disclose the following records:

_____ Entire Conduct File
_____ Other (please be specific): _____

to the following person(s) or organization: _____
or
 directly to me

These records are being released for the purpose of: _____

Please indicate the medium of access you prefer:

_____ Provide a written overview outlining the contents of my conduct file
_____ Completion of organization form (please attach)
_____ Authorize an Office of Ethical Development and Restorative Practices staff member to orally discuss the contents of my judicial file
_____ All of the above

I understand that according to the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without written consent unless otherwise provided for, in legal statutes, the University Parental Notification Policy or conduct decision. I understand that this release pertains to the information that is currently in my file. If in the future I wish to review my file, I understand that I must file an updated "Request for Review" form with the Office of Ethical Development and Restorative Practices.

Signature: _____ Date: _____

* If the form must be mailed by us, please include a stamped envelope. Copy of Photo ID must be enclosed.

For Office Use Only

Date Request Received: _____
Action Needed: _____
Officer Signature: _____