

Coastal Carolina University

RELEASE FORM

Dean of Students Office	843-349-4161 (phone)	843-349-2316 (fax)
Dean of Students Satellite Office	843-349-5075 (phone)	843-234-3395 (fax)
University Housing	843-349-6400 (phone)	843-349-6425 (fax)

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the Dean of Students Office and/or University Housing to release my conduct records or information concerning the following:

Incident(s) dated: _____

Authorized Recipient(s):
(please put first and last name) _____

for the purpose of General information
 Specific Information Only: _____

I understand that I may revoke this consent at any time.

(signature of student) (date)

(signature of witness) (date)

Student's Name: ID:
Phone: Email:

NOTICE TO RECEIVER OF INFORMATION:

This information has been disclosed to you from records of individuals whose confidentiality is protected by law. Statutes/regulations prohibit you from making further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of medical or other information is NOT sufficient for this purpose. This release allows for the release of only CONDUCT records or information that has been established through the University Student Conduct System.