



CONSENT TO THE RELEASE OF INFORMATION

EDUCATIONAL RECORD (S) TO BE RELEASED: Disciplinary Records.

STUDENT NAME:

STUDENT IDENTIFICATION NUMBER:

MAY BE MADE: AUTHORIZED RECIPIENTS (S):

Psychology Internship Coordinator Mail Code 1104

PURPOSE OF THE DISCLOSURE: Confirmation of disciplinary standing.

By presenting a signed and dated copy of this Consent to Arizona State University "ASU," Student consents to the release by ASU of the Records to the Authorized Recipient(s) for the Purpose identified above. The Student further agrees that ASU may discuss the information contained in the Records with the Authorized Recipients. This Consent applies to educational records that may otherwise be Protected under the Family Educational Rights and Privacy Act of 1974, as Amended, 20 U.S.C. 1232g.

STUDENT SIGNATURE: _____

DATE: _____

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