



**Consent to Verbally Discuss Disciplinary Records
Maintained by the Office of Student Rights and Responsibilities**

This release represents written consent to disclose education records maintained by the Office of Student Rights and Responsibilities to the individuals listed below.

I, _____ SUID Number _____
Please Print Name

hereby give my voluntary consent to the Office of Student Rights and Responsibilities to speak to the to the following person about my disciplinary file:

_____ Phone Number _____
Please Print Name

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 statues, the Syracuse University Parental Notification Policy or conduct decision. I understand that this release pertains to the information that is currently in my disciplinary file. Additionally, I understand that the Federal Education Rights and Privacy Act of 1974 requires that access to my records be provided within 45 days of my request.

_____ Date _____
Student Signature