



# OLD DOMINION UNIVERSITY

Student Conduct & Academic Integrity  
odu.edu/oscai

## RELEASE OF INFORMATION

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The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student conduct records. To learn more about the rights granted to students via FERPA visit: <https://ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

By signing this form, you agree that the Office of Student Conduct & Academic Integrity, or its authorized agents at Old Dominion University, may disclose information from your education records to a third party (or parties) as indicated in the dashed box below.

I, the undersigned, authorize the Office of Student Conduct & Academic Integrity (and its authorized agents at Old Dominion University) to release the following education records and any information contained therein (please specify):

All records and information contained in my student conduct file; or

The below-listed record(s) only:

\_\_\_\_\_

These records may be disclosed to (name and address of person/agency authorized to receive records/information):

Person(s)/Agency: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Person(s)/Agency Address: \_\_\_\_\_

\_\_\_\_\_

Person(s)/Agency Phone: \_\_\_\_\_

For the purpose of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I understand and acknowledge that: (1) I have the right not to consent to the release of information contained in my education records; (2) this consent shall remain in effect for a period of one year from the signed date of this form unless it is revoked by me, in writing, prior to that time; (3) any such revocation shall not affect disclosures made prior to the receipt of any written revocation; (4) if I am involved in another student conduct case, while this form is still valid, I will need to complete this form again; and (5) completion of this form does not automatically initiate any type of contact with the person(s) or agency listed above (i.e.: parents will not automatically be called after this form is completed).***

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
UIN

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date