

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN



Office for Student Conflict Resolution
300 Fred H. Turner Student Services Building
610 East John Street
Champaign, IL 61820

This form is intended to facilitate the disclosure of information from a student's own disciplinary records to a third party.

Access to Student Records / Release of Information

I, _____, University Identification Number _____, hereby authorize the Office for Student Conflict Resolution to disclose the information in my discipline file to _____. I understand that this encompasses all records including, but not limited to, evidence of conduct violations, my case dispositions, and subsequent sanctions. I understand that I may revoke this release at any time in writing.

Student Signature

Witness Signature

Date