



Office of Student Responsibility and Community Standards at Saint Louis University Information Release Form

I _____ hereby authorize Saint Louis University through its Division of Student Development to release my education records identified more specifically conduct/disciplinary records to (input name/institution):

For the purpose of (describe reason):

This authorization is applicable for the duration of my enrollment as a student at Saint Louis University or for the following period: _____ (entire enrollment period if no other period of time entered). I understand that I may withdraw this authorization by notifying in writing the Office of Student Responsibility & Community Standards, whose campus address is:

3711 West Pine Mall,
Wuller Hall 2nd Floor, Suite 246
St. Louis, MO 63108

However, withdrawal of this authorization will not affect records already released.

Student Signature _____ Date _____

This is a separate form from the FERPA (Federal Education Rights and Privacy Act) Release that you will sign in the Registrar's Office. Application of this form applies solely to matters associated with the Office of Student Conduct.

Office use only: This information has been applied to your student disciplinary file:
Staff initials: _____ date _____