



CONSENT TO THE RELEASE OF INFORMATION

STUDENT NAME: _____

STUDENT I.D. NUMBER: _____

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

PARTY OR CLASS OF PARTIES TO WHOM DISCLOSURE OF RECORDS MAY BE MADE, "AUTHORIZED RECIPIENT(S)":

Internship Advisor: Dr. Michelle Hale

College/Department: _____

Mail Code: _____

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: _____

A.S.U. Internship Advisor: Please send this form to Student Life, MC-0512.

Student Life will return this form with the disciplinary report to you for your records. The student should not start the internship until you receive the report from Student Life. If you have any questions contact Jan.Pagoria@asu.edu; 480-965-3462.