



DIVISION OF STUDENT AFFAIRS
STUDENT ADVOCATES

Authorization for Release of Information

I, _____, _____ am requesting
Student's Full Name (Printed) Student ID Number
assistance from the Student Advocates office with a (an):

- Grade Change
- Withdrawal from all Subjects
- Grade Appeal
- Financial Concern
- Academic Misconduct Charge
- Personal Misconduct Charge
- Sexual Misconduct Charge
- Other: _____

In order to assist me with this, I hereby authorize the **Indiana University Student Advocates Office** to release the following information:

- Only medical documentation provided to this office
- Any information in order to assist with my case

The above information may be released to the following:

- | | Name or name of office (if applicable) |
|---|--|
| <input type="checkbox"/> Instructors | _____
_____ |
| <input type="checkbox"/> Parents | _____
_____ |
| <input type="checkbox"/> Other University officials | _____
_____ |
| <input type="checkbox"/> Other (non IU) | _____
_____ |

I understand that I may revoke this Authorization, but must do so in writing. If revoked, it is understood by all affected parties that all information released prior to being notified of such revocation was made with my authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by this authorization.

By signing this Authorization for Release of Information, I acknowledge that I have read and fully understand the terms and conditions of this authorization.

Student's Signature Date