

## WAIVER OF RELEASE OF DISCIPLINARY INFORMATION

I, (name) \_\_\_\_\_ do hereby authorize the Office of Students' Rights and Responsibilities at Southern Illinois University Carbondale (SRR) to release the indicated information from my disciplinary records to the following person(s), or school department(s) listed below. I understand that this release will remain in effect until I notify SRR in writing of my desire to revoke this waiver.

Release All Information  
Release ONLY Information on Pending Cases  
Release ONLY Information on Cases Which Have Been Adjudicated  
Release ONLY Information Required for Participation in Activities  
(eg. Study Abroad, Some Student Employment and RSO Leadership Positions Require This)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

I Wish to Revoke a Prior Waiver of Release Granted to the Above Person(s)

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Student ID Number*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_