

**University of Minnesota Duluth
Waiver for Release of Information**

Student's Name _____

Student's I.D. # _____

The Family Educational Rights and Protection Act (FERPA) requires that students be afforded privacy in their records. Should you wish to give the Office of Student Conduct permission to discuss your conduct record with someone other than yourself, you must provide the following waiver of release:

I hereby authorize that UMD's Office of Student Conduct be allowed to share information regarding my conduct record to the following person(s). My signature below indicates that I fully understand the terms of this release. A copy of this waiver is as valid as the original.

Person(s) to whom information may be released

Student's signature

Date of signature