



Office of Student Conduct

Authorization to Release Confidential Information

Name: _____ SID#: _____

I hereby authorize the Office of Student Conduct and/or the Dean of Students to release any pertinent information related to **my student conduct case file** to the following individual(s):

The information released is considered confidential. It is intended for use by the person or agency listed above for the benefit of the undersigned. The person or agency will not provide additional disclosure of the information without the written consent of the person to whom it pertains.

Student

Date

For Official Office Use Only

Witnessed or verified by: _____

Office of Student Conduct
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