



## Student Conduct Record Waiver Form

I understand that the Family Education Rights and Privacy Act of 1974, gives me the right to protect the information in my educational record. FERPA also allows me to give written consent to specify other's access to my personal information contained in my education records here at Stockton University. I understand that "records" referred to herein applies solely to disciplinary records stored in the Care & Community Standards Office.

I hereby give permission to Stockton University to release disciplinary information in the specified manner stated below:

Person(s) who you are giving access:

\_\_\_\_\_  
Recipients Name

\_\_\_\_\_  
Recipients Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

Specific information to be released exclusively to the listed person(s):

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

I understand that this waiver of information and release shall remain active until I cease to be an enrolled student at the University, additional information is added to my disciplinary file, or I actively revoke this waiver by providing written notice to the Care & Community Standards Office.

I understand that FERPA allows the University up to 45 days to provide requested records. The University will make every effort to provide records as quickly as possible.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date Signed

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

Received: \_\_\_\_\_