

**California State Polytechnic University, Pomona**  
**Office of Student Conduct & Integrity**  
**AUTHORIZATION TO EXCHANGE INFORMATION WAIVER**

Student Name		BID		Date	
Student's Phone #		Student's Email			

The Family Educational Rights and Privacy Act (FERPA) protects student privacy by placing certain restrictions on the disclosure of information contained in a student's education records, including (but not limited to) student conduct records. Visit the Registrar's Office website ([www.cpp.edu/registrar/ferpa.shtml](http://www.cpp.edu/registrar/ferpa.shtml)) for more information on FERPA.

Indicate the third party (or parties) you would like your disciplinary file released to:

Name		Relation to You	
Name		Relation to You	

Please indicate how the information in your disciplinary file may be released:

- Verbal Communication (*including written i.e., included on email correspondence*)
- View Only
- Verbal & Viewing (*to serve in their role as Advisor to you*)

Please indicate the information in your conduct file to be released:

- All records and information contained in the discipline file(s)
- Release the following record(s) (i.e., specific case letters, reports, etc.):

\_\_\_\_\_

\_\_\_\_\_

Indicate the time period that Student Conduct & Integrity may release the designated information. **If left blank the authorization will remain in effect for one calendar year from the date signed.** We cannot honor blanket or indefinite release requests.

- One-time release of information request
- This release will remain in effect until (specify date): \_\_\_\_\_

I, the undersigned, authorize Student Conduct & Integrity (and its authorized agents at California State Polytechnic University, Pomona) to release the above education records and any information contained therein.

I understand and acknowledge that: 1) I have the right not to consent to the release of information contained in my education records, 2) this consent will remain in effect until the above specified date, if no date or limitation is indicated authorization will remain in effect for one calendar year or may be revoked by me in writing, but that any such revocation shall not affect disclosures made prior to the receipt of any written revocation, and 3) the office is not responsible for the way in which & of the information released under this authorization is used.

By signing this form you agree that Student Conduct & Integrity, and any staff within that office may disclose information from your disciplinary records to a third party (or parties). Please note that while you have the right to be assisted by an Advisor throughout the student conduct process, all communication during the process must be conducted directly with you. Additionally, we will not release your file to any individual involved or connected to your case. If Student Conduct & Integrity cannot verify the identity of the person or persons indicated below, we will not release your record.

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

Date Received: \_\_\_/\_\_\_/\_\_\_ Staff Initials: \_\_\_\_\_ Records Released By (print): \_\_\_\_\_