



CENTRAL

CONNECTICUT STATE UNIVERSITY
OFFICE OF STUDENT RIGHTS & RESPONSIBILITIES

Office of Student Rights & Responsibilities
Willard-DiLoreto Hall W105
New Britain, CT 06050
(860) 832-1667

Authorization for Release of Information

Before releasing any information, we require an authorization signed by you. If you will complete the Authorization for the Release of Information form, we will give immediate attention to this.

I hereby authorize Stephanie Reis/Donna Pettinelli to release information regarding my most recent violation of the Student Code of Conduct.

To:

Name

Address

Telephone Number

Student's Name:

(Print student's name, address, and phone #)

Student's Signature: _____

Date: _____