



# 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 **Central Connecticut State University Police Department** to release information regarding my most recent violation of the Student Code of Conduct.

**To:**

Stephanie Reis/Donna Pettinelli

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Name

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Address

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Telephone Number

**Student's Name :**

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

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_