

CALIFORNIA STATE UNIVERSITY, CHICO

**AUTHORIZATION FOR RELEASE OF INFORMATION
FROM STUDENT JUDICIAL AFFAIRS**

I, _____, give my consent for
Name (Please Print/Type)

_____ or other Student Judicial Affairs or other University staff at
California State University, Chico to release any information for the purpose of discussing all matters
pertaining to my discipline/grievance case in Student Judicial Affairs with:

Name _____
Relationship _____
Address _____

Name _____
Relationship _____
Address _____

Name _____
Relationship _____
Address _____

Name _____
Relationship _____
Address _____

Signature

Student ID Number

Date

This authorization is valid for 6 months from the date of signing.

Any information shared with the individual authorized to receive information is confidential and may not be shared with a third party.

**Please return form to:
Student Judicial Affairs
Kendall 112
California State University, Chico
Chico, CA 95929-0105
Telephone 530-898-6897**