

**CALIFORNIA STATE UNIVERSITY, CHICO**  
**STUDENT CONDUCT, RIGHTS & RESPONSIBILITIES**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

the office of Student Conduct, Rights & Responsibilities 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 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. Expires:**

**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:  
SSC 190 or [scrr@csuchico.edu](mailto:scrr@csuchico.edu)