

LAFAYETTE COLLEGE

Office of Student Conduct

Easton, Pennsylvania 18042 • TEL 610-330-5082 • FAX 610-330-5509 • www.lafayette.edu

Consent to Release Conduct Information Form

Instructions: If you would like to have information from your conduct file disclosed to a third party, please indicate the name of the person you would like to be able to receive information and that person’s relationship to you in the first two columns below. In the third column, indicate the specific content you want disclosed (all conduct records, this case only, specific information, etc.). In the fourth column you can indicate a specific person or people from the College who can make the disclosure or just leave blank to indicate any authorized administrator. Submitting a signed copy of this form authorizes the College to disclose information as indicated below until such time as you request that this release no longer be in effect. You may return this form to the Office of Student Conduct or directly to the individual you have listed as the “Discloser.”

Please note that federal law allows the College to disclose information to parent(s)/guardian(s) in cases where proof of the student’s dependency has been provided or when students under 21 years of age have been involved in incidents with alcohol or drugs. In these situations, the College may disclose information without authorization from the student.

Recipient	Relationship	Scope of Disclosure	Discloser	Notes

Student Signature _____ Date _____

Student Name (please print) _____