



AUTHORIZATION TO RELEASE CONDUCT RECORDS

Name of Student (Last, First, Middle Initial)	Banner ID or BlazerID	Date of Birth
Student Local Phone Number	Student Email Address	

“The Family Educational Rights and Privacy Act of 1974,” as amended (“FERPA”) affords certain rights to students concerning the privacy of, and access to, their education records, including conduct records. Students may choose to complete and submit this form to Community Standards & Student Accountability allowing the release of their conduct records to specified third parties. Please note that while this form *authorizes* UAB to release conduct records to third parties, it does not *obligate* UAB to do so. UAB reserves the right to review and respond to requests for release of conduct records on a case-by-case basis.

By completing and signing the form, students are granting permission to UAB and your specified third parties to disclose and/or discuss the contents of your conduct records.

For additional information, please visit the [UAB Student Records Policy](#).

Individual(s)/Institution(s)/Agency(ies) to Whom Conduct Records May be Provided	
Name <i>(use additional pages if necessary)</i>	
Address	
Phone Number/Fax Number/Email <i>(list any that are applicable)</i>	Relationship to Student
Duration of Release (check one)	
<input type="checkbox"/> One-Time Use: This authorization can be used only once.	
<input type="checkbox"/> Limited Use: This authorization expires on _____	
Purpose of Release (check one)	
<input type="checkbox"/> Family Communications	<input type="checkbox"/> Admission to an Educational Institution
<input type="checkbox"/> Employment	<input type="checkbox"/> Other (please specify): _____
Delivery Method (check one)	
<input type="checkbox"/> Hand-Delivery	<input type="checkbox"/> Mail
<input type="checkbox"/> E-Mail	<input type="checkbox"/> Other (please specify): _____
I understand that (1) I have the right not to consent to the release of my conduct records, (2) I have the right to inspect any written records released pursuant to this authorization, and (3) I have the right to revoke this authorization at any time by delivering a written revocation to Community Standards & Student Accountability.	
Student's Signature	Date

Note: The form must be fully completed and signed by the student. Records cannot be released if any section is not completed in its entirety. If mailed or faxed, an enlarged copy of a picture ID with a signature is required. Completed forms should be submitted to Community Standards & Student Accountability electronically (accountability@uab.edu), via hand-delivery (303 Hill Student Center), fax (205-975-9733), or mail (HILL 303, 1720 2ND AVE SOUTH, BIRMINGHAM, AL 35294-1150).