



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

Department of HOUSING &  
RESIDENTIAL EDUCATION

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

*MM / DD / YYYY*

**CONFIDENTIAL**

RE: Consent for Release of Education Record Information

I, \_\_\_\_\_, hereby consent and authorize the Department of Housing and

*Name of Student*

Residential Education to release information from my education records in connection with my Housing

conduct case to my \_\_\_\_\_, \_\_\_\_\_, to assist him/her in

*Relationship to Student*

*Name of person receiving the information*

understanding the situation.

I understand that I can rescind this waiver at any time by notifying the Department of Housing and Residential Education in writing. I understand that any such rescission will not affect releases of information that have already taken place under this consent document.

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

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

*Signature required*