



Authorization to Release Information

This release represents your written consent to disclose educational records maintained by Student Conduct to specific individuals identified below. A letter regarding your conduct history will be sent directly to the address/email requested. Please read this document carefully and fill in all blanks. Please also attach any other pertinent information or forms requested by the agency.

I, _____ (print name) (ID #C00 _____),
hereby authorize the Director or Associate Director Student Conduct to disclose of any personally identifiable information from my education records to:

Print Name: _____ Title: _____

Email: _____

Agency Name: (ex. NYPD) (College/School) _____

Agency Address: _____

Reason for request (employment/enrollment) _____

YOUR INFORMATION

Name: (First, Middle Initial, Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Dates of Attendance at SUNY Cortland: _____

Required: Legal/handwritten signature: _____

This authorization is effective for this request only. Any future request for information will require a new form.

Submit this form to: Student Conduct at 405 Corey Union or student.conduct@cortland.edu

PLEASE NOTE: Every effort will be made to complete and submit this form as quickly as possible. However, it may take up to two weeks for this background check to be sent.