



**Student Advocacy
and Accountability**

SOUTHEASTERN LOUISIANA UNIVERSITY

**Authorization To Release Information To and From
The Office of Student Advocacy & Accountability**

SLU 10390, Hammond, LA 70402
Office: 985-549-2213 Fax: 985-549-5103
Email: osaa@southeastern.edu
www.southeastern.edu/osaa

Southeastern Louisiana University has a responsibility to protect students' and student organizations' information, including information pertaining to conduct files as defined by the Family Educational Rights and Privacy Act (FERPA). This information is strictly confidential and can only be released upon the written consent of the student or student organization's current leadership.

The Office of Student Advocacy and Accountability (OSAA) is the office of record for all conduct files pertaining to the Southeastern Student Code of Conduct. OSAA will provide a scanned electronic copy of the requested file(s) to the authorized email address provided below upon request. This release represents consent to disclose conduct records to the specific individual identified below. Please allow three business days to process this request as all documents must be redacted for identifiable information pertaining to other students.

I waive my right to confidentiality and grant officials administering the conduct process at the Office of Student Advocacy and Accountability permission to share information pertaining to my conduct record.

Person who you give permission for OSAA to release your student disciplinary record to:

Full Name(Print): _____ Phone: _____

Authorized E-Mail Address: _____ Relationship to student: _____

Address: _____ City: _____ State: _____ Zip: _____

*Additional postage fees are charged to cover postage and surcharge when mailing documents is requested. Payment in advance is required. Please contact OSAA for more information. Please note that your record will be redacted for any identifiable information pertaining to other students who may also be listed in the record.

Indicate what information is to be released:

- All of the current information in my Student Conduct file at Southeastern
- Release information related to the following incident that occurred on the following date and location:
Case # _____
Incident Date(M/D/Y): ____ / ____ / ____
Incident Location: (i.e.: place, class, online, etc.) _____
- Release parts/sections of my discipline file. Please specify, ie: specific letters, reports etc. below
Items: _____
- Other:
Please specify: _____

I understand and acknowledge that I have authorized and requested to send information by electronic mail to the authorized email address provided in connection with the request of the above conduct record(s).
 I understand and acknowledge university officials may orally discuss information in file.
 I understand and acknowledge that the information requested is confidential information under the Family Educational Rights and Privacy Act (FERPA) and will be redacted for any identifiable information pertaining to other students who may also be listed in the record.
 I understand and acknowledge that the transmission of information by e-mail may not be secure and e-mail has been known to be lost, to arrive incompletely, to arrive belatedly, to arrive with errors and/or be corrupted, or to contain viruses; and that the information will not be encrypted when it is sent.

Fill in this box only if you are requesting a record for a student organization:

Printed Name of Student Organization _____ Leadership Position _____

Authorizer (Student Printed Name) _____ W#: _____

Authorizer's Signature _____ Date: _____