

**PERMISSION TO RELEASE  
EDUCATION RECORD INFORMATION  
AND/OR DOCUMENTS**

I hereby give permission to Stanford University's Office of Community Standards to:

- Disclose information, verbally or writing\*
- Release copies of documents

*[Check one or both box(es) above, as appropriate]*

related to my judicial case to:

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First Name

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Last Name

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Mailing Address

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Phone

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Email

I understand that this permission will remain in effect until I revoke it in writing.

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Signature

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Printed Name

---

Date

---

SUID#

**Return form to:** Office of Community Standards  
Stanford University  
Tresidder Memorial Union, 2<sup>nd</sup> Floor  
459 Lagunita Drive, Suite 9  
Stanford, CA 94305-8215  
T 650.725.2485 F 650.736.0247  
Email: [community-standards@stanford.edu](mailto:community-standards@stanford.edu)

*\*Stanford's primary relationship is with its students. Even if a student currently going through the Student Accountability Process consents to the Office of Community Standards sharing details with their parent(s) or others, the student must still be included in all verbal and written communications with the Office.*