



Student Conduct Records Release Form

I, _____, hereby authorize the Hampshire College Director of Student Affairs to disclose, make accessible, and furnish my student conduct records and/or records in which I am an involved party in a student conduct process to:

Name: _____

Address: _____

Name: _____

Address: _____

Please list the purpose these records will be used for and any additional details regarding specific records you do/do not permit to be released (include additional information on reverse as needed).

This release shall be effective until _____ unless revoked in writing by applicant.

Signature _____ Date _____

This form must be sent to the Director of Student Affairs before any records may be released. A student can change or revoke release of records privileges at any time by contacting the Director of Student Affairs.

Email:
ganSA@hampshire.edu

Drop Off:
Merrill Student Life Center, 2nd floor.

Mail:
Director of Student Affairs
Box SA
Hampshire College
893 West Street Amherst, MA 01002