

Hampshire College

Student Conduct Records Release Form

I, _____, hereby authorize the Hampshire College Office of Student Conduct, Rights, & Responsibilities 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 me.

Signature _____ Date _____

This form must be sent to the Office of Student Conduct, Rights, & Responsibilities before any records may be released. A student can change or revoke release of records privileges at any time by contacting the Office of Student Conduct, Rights, & Responsibilities.

E-mail:
oscr@hampshire.edu

Drop Off:
Prescott Area Office
(near the gazebo, enter
the office and go the
left)

Mail:
Office of Student
Conduct, Rights, &
Responsibilities
Box PH
Hampshire College
893 West Street
Amherst, MA 0100