Consent to Release Information

(Full Name of Student)  (VIP Identification Number)

In accordance with the Family Education Rights and Privacy Act of 1974, University of South Carolina students have the right to review, inspect and request an amendment to records that the student believes to be inaccurate or misleading. It also insures that personally identifiable information contained in a student’s educational records will not be disclosed without consent, other than in emergency situations. Exceptions include the following:

1. To school officials with legitimate educational interests who need to review an educational record in order to fulfill a professional responsibility;
2. To officials of other institutions in which the student seeks to enroll provided that the student has previously requested a release of his or her record;
3. To authorized representatives of the U.S. Department of Education, U.S. Department of Defense, U.S. Attorney General, INS, Comptroller General of the United States, state education authorities, organizations conducting studies for or on behalf of the University, and accrediting organizations;
4. In connection with a student’s application for receipt of financial aid;
5. To comply with a judicial order or lawfully issued subpoena;
6. To the alleged victim of any crime of violence of the results of any disciplinary proceedings conducted by the University.

I understand that I have the opportunity to release all or part of my conduct record. My selection and signature on this form represents my consent to the release of my records and information from the Office of Student Conduct and Academic Integrity.

- Release information from all cases with the Office of Student Conduct and Academic Integrity
- Release information from only the following case(s): ________________________________

This information may be released to the following person(s):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Student: ________________________________  Date: ______________

Signature of Witness: ________________________________  Date: ______________