



OFFICE OF STUDENT CONDUCT
CONSENT FORM

TO: Office of Student Conduct

FROM: _____ **ID:** _____

Re: Consent to Release/Discuss Student Conduct Records and Information

DATE: _____

This is to verify that I have consented for the following person(s) to receive and/or discuss any pertinent information concerning Student Conduct Records with the Coordinator of Student Conduct at Savannah State University.

Name: _____ **Relationship:** _____

Address: _____
Street City State Zip Code

Name: _____ **Relationship:** _____

Address: _____
Street City State Zip Code

Name: _____ **Relationship:** _____

Address: _____
Street City State Zip Code