

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
EQUAL OPPORTUNITY AND COMPLIANCE OFFICE  
137 E. FRANKLIN STREET, SUITE 404, CB 9160  
919-966-3576 PHONE  
711 (NC RELAY)**

**CONSENT FOR RELEASE OF INFORMATION FROM STUDENT EDUCATION RECORDS**

I, \_\_\_\_\_ (Student Name), \_\_\_\_\_ (PID Number),  
hereby authorize The University of North Carolina at Chapel Hill to disclose any information and records  
related to the pending report brought pursuant to the Policy on Prohibited Discrimination, Harassment  
and Related Misconduct Including Sexual and Gender-Based Harassment, Sexual Violence, Interpersonal  
Violence and Stalking to the person(s) listed below.

\_\_\_\_\_  
Name of person(s) to receive information

\_\_\_\_\_  
Role/Relationship

The purpose of this disclosure is to enable the above-named individual(s) to assist me with the resolution  
of this report.

This Consent shall remain in effect until revoked. I may revoke this Consent at any time, in writing, directed  
to the Equal Opportunity and Compliance Office (EOC Office) or the appropriate authority. I understand that  
any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn  
retroactively. A copy of this Consent shall have the same force and effect as the original. A record of this  
form and any revocation will be maintained at the EOC Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date