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 I understand that any revocation of this Consent has only prospective effect and that this Consent cannot be withdrawn retroactively.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

Last updated 12/09/16