



ADRIAN COLLEGE
Office of Student Affairs

Student Complainant/Witness Consent to Communicate Information

In accordance with the Family Educational Rights and Privacy Act (FERPA), personally identifiable student information cannot generally be released without a student's expressed written consent, with the exception of directory information.

I, (printed name) _____, authorize any professional staff member of the Adrian College Student Affairs staff to communicate to College officials with a legitimate educational interest, judicial hearing bodies and to other persons named below

- 1. _____ Student Parent Other _____
- 2. _____ Student Parent Other _____
- 3. _____ Student Parent Other _____

verbally or in a letter charging student conduct violations that I may be a witness in a hearing concerning alleged Adrian College policy violations that occurred on

(Date) _____

(Location) _____

regarding the following information [please initial choice(s) below]

_____ Anything regarding the incident noted above including police reports, incident reports, conversations I have had with Adrian College professional or student staff members related to investigation of this matter, etc.

_____ Only the information listed below _____

_____ Excluding the information listed below _____

This consent is valid until I notify the staff member noted below in writing that it is no longer valid or

(check one) for the entire time I am a student at Adrian College or this date _____

Student Signature _____ ID# _____ Date _____

Received by College staff member _____ Date _____