

**Texas State University-San Marcos
Residence Life**

Name: _____ **SSN:** _____

Address:

Consent to Disclosure of Disciplinary Records

I consent to the release of personal identifiable information from my disciplinary records, as described below:

1. Records related to the following incident(s):

2. The party or parties to whom the disclosure may be made:

This consent relates only to the Office of Residence Life at Texas State University.

Student Signature

Date

Received By: _____
Signature of Residence Life Official

Date