

BINGHAMTON UNIVERSITY
RELEASE OF STUDENT CONDUCT INFORMATION

Under the provision of the *Family Education Rights and Privacy Act (FERPA)*, I authorize the release of the following information from my student conduct file (check only one):

_____ All information relating to all charges in my file as the date of this release is signed.

_____ All information related to the incident that occurred on _____ (date of incident).

I authorize the release of this information to (select one):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Date this release expires and is no longer valid: (mm/dd/yy): _____

Full Printed Name of Student _____

Date of Birth (mm/dd/yy) _____ BU B# _____

Year(s) of Attendance (circle one): Fall / Spring / Summer _____ to Fall / Spring / Summer _____
(Year) (Year)

Signature of Student _____ Date _____

Current Address _____

**Permanent Address _____
(Currently Enrolled
Students Only) _____

Email Address _____

Cell Phone Number _____

**If submitting electronically via email for FAX, you must include a photo ID (i.e., BU ID Card, valid driver's license, passport) with this form for verification purposes*

Binghamton University
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