



SAN DIEGO STATE  
UNIVERSITY

Center for Student Rights  
and Responsibilities  
*Division of Student Affairs  
and Campus Diversity*

# Authorization to Release Information

By signing this form, I authorize the staff of the Center for Student Rights and Responsibilities to disclose any and all information in my disciplinary file to:

NAME

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ADDRESS

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PHONE

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NAME

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ADDRESS

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PHONE

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STUDENT NAME

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RED ID

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SIGNATURE

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DATE

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Once you have completed this form in its entirety, **print, sign,** and **deliver** to Student Services West, Room 1604 or **mail to:**

Center for Student Rights and Responsibilites  
San Diego State University  
5500 Campanile Drive  
San Diego, CA 92182-7443