

THIRD PARTY AUTHORIZATION FORM

The University of California, Berkeley has a responsibility to protect students' and student organizations' information, including information discussed during student conduct meetings. This information pertains to conduct files as defined by the Family Educational Rights and Privacy Act (FERPA). This information is strictly confidential.

The Center for Student Conduct and the Office of the Independent Hearing Officer are tasked with administering the Berkeley Campus Code of Student Conduct. As part of that administration, the Center for Student Conduct is the office of record for all conduct files pertaining to the Berkeley Campus Code of Student Conduct. The Center for Student Conduct and Office of the Independent Hearing Officer will not discuss information pertaining to a student's or student organization's conduct record with a third party unless the student authorizes the Center for Student Conduct or Office of the Independent Hearing Officer to do so. A third party can only be privy to that information upon the written consent of the student or a student organization's current leadership. A student or student organization leader that signs this form authorizes a third party to participate in student conduct meetings and other stages of the student conduct process, in which FERPA-protected information will be discussed. This authorization will continue through case resolution, including appeals if applicable, unless revoked by the student or student organization leadership.

I waive my right to confidentiality and grant officials administrating the conduct process at the University of California, Berkeley permission to share information with the following authorized third party in student conduct meetings and other stages of the student conduct process.

Student Name: _____ SID _____

Authorized Third Party Name: _____

- *I understand and confirm that I have authorized the Center for Student Conduct and Office of the Independent Hearing Officer to discuss my student conduct record with a third party.*
- *I acknowledge that the information discussed is confidential information under the Family Educational Rights and Privacy Act (FERPA).*
- *I understand that I am responsible for contacting the Center for Student Conduct regarding future changes to this third party authorization form as necessary.*
- *I understand that my consent to share this information with a third party will remain in effect through case resolution, including appeals if applicable, until revoked by me, and that I can revoke this authorization at any time by contacting the Center for Student Conduct at the University of California, Berkeley.*

Fill in this box only if you represent a student organization:

Printed Name of Student Organization

Leadership Position

Student Signature

____/____/____
Date