

Student Name

Name of Student Organization: \_

203 Sproul Hall, MC 2432 Berkeley, California 94720-2432 Tel 510.643.9069 studentconduct@berkeley.edu

## 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.

SID\_\_\_\_\_

Authorized Third Party Name	
The Center for Student Conduct provides training modules for student-selected and campus-provided advisors. The advisor training is available <u>here</u> .	
<ul> <li>I understand and confirm that I have authorized the Center Independent Hearing Officer to discuss my student condition.</li> <li>I acknowledge that the information discussed is confident Rights and Privacy Act (FERPA).</li> <li>I understand that I am responsible for contacting the Center Changes to this third party authorization form as necessare.</li> <li>I understand that my consent to share this information will case resolution, including appeals if applicable, until revolution at any time by contacting the Center for Students.</li> </ul>	uct record with a third party. tial information under the Family Educational ter for Student Conduct regarding future ry. ith a third party will remain in effect through ked by me, and that I can revoke this
Optional: In addition to discussing my student conduct record with the third party, I request the CSC copy the third party on any formal correspondences regarding my conduct record. I acknowledge that once released, the Center for Student Conduct does not control any further transmission or retention of my conduct record by the third party. Student initials here:	
Student Signature	Date
STUDENT ORGANIZATION	ONS ONLY
Fill in this box <b>only</b> if you are representing a student organization for this matter:	

Leadership Position: