

To: Residential Life Office
SUNY Cobleskill

Date: _____

I hereby give you permission to release information contained in my disciplinary record and housing record to the person(s) listed below. *If information to be shared is **NOT** the complete file contents, specifically what **MAY** be released is listed below.*

Student's Printed Name: _____

Student's SS# or ID #: _____

Student's Signature: _____

Name(s) and Address(es) of persons to receive information from disciplinary and/or housing records:

Distribution: White = Student File; Yellow = Student