

UNIVERSITY OF NEW HAMPSHIRE

Office of Conduct and Mediation

Room 4 Hitchcock Hall
(603) 862-3377

RELEASE OF INFORMATION

I hereby give my permission for the Judicial & Mediation Programs Office staff to share information regarding my disciplinary record(s) with the following people or organizations:

I understand that my signature indicates that I am waiving my right to confidentiality of my records with regard to the specific people or organizations named above.

Student's name (printed)

Student's signature Date