



OFFICE OF STUDENT ETHICS

CONSENT FORM

To: Office of Student Ethics

From: _____ **ID:** _____

RE: Consent to Release/Discuss Judicial Records Information

Date: _____

This is to verify that I have consented for the following person(s) to receive and/or discuss any pertinent information concerning Judicial Records with the Coordinator of Student Ethics at Savannah State University.

Name _____ **Relationship** _____

Address _____
ZIP CODE

Name _____ **Relationship** _____

Address _____
ZIP CODE

Name _____ **Relationship** _____

Address _____
ZIP CODE

Student's Signature _____ **Date:** _____

NOTE: When submitting electronically, type your full name as acknowledgement of consent.