

AUTHORIZATION TO DISCLOSE STUDENT RECORDS

The purpose of this form is to enable local property managers and homeowners to receive from the Office of Student Conduct and the Office of Housing, Dining, and Residence Life at Duke University any information contained in disciplinary files and damage billing records housed by the Office of Housing, Dining and Residence Life for the Duke undergraduate student named below. This form is not applicable for graduate and professional students or any student at another institution.

I, _____, hereby authorize the Office of Student Conduct and Office of Housing, Dining, and Residence Life at Duke University to disclose my Duke University disciplinary record and any records of damages that have been charged to me while I have lived on campus. With my signature on this form, I understand that the Office of Student Conduct will release a summary of my disciplinary record and will obtain from the Office of Housing, Dining, and Residence Life the damages I was billed for as a residential student and make them available to the following property manager/property management company:

(Name of Property Manager and Name of Property Management Company)

(Address, City, State, Zip)

(Phone, Email, Fax)

The purpose of this information is to allow the above named Property Management Company/Property Manager to be made aware of my university disciplinary record and university housing damage billing for purposes of rental application and screening.

I understand that this authorization will expire on the following date: _____

I understand that if I fail to specify an expiration date, this authorization is valid for the period of time needed to fulfill its purpose for up to one year from the date of signature. I also understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on it. In order to revoke this authorization I must make the request in writing to the Office of Student Conduct, Box 90893, Durham, NC 27708-0893.

I understand that my information may not be protected from re-disclosure by the requester of the information, although Property Managers and Property Management Companies understand that Duke University expects them to use the information for rental application and screening purposes only and not re-disclose the information.

I understand that I may refuse to sign this authorization and that my refusal to sign this form may impact the decision the above-named Property Manager/Property Management Company makes regarding my application. I further understand that I may request a copy of this signed authorization.

Upon completion of this form, it should be faxed to the Office of Student Conduct (919-681-7390 or scanned and emailed to conduct@duke.edu). The Office of Student Conduct will gather the information related to the student's disciplinary record and damage billing and release that information to the named property manager/property management company.

(Signature of Student)

(Date)

(Printed name of Student)

(Address of Property to be rented, Local Phone, Email of Student)

(Date of Birth, Duke Unique ID, Current local address)