



TENNESSEE STATE UNIVERSITY

Division of Student Affairs
3500 John A. Merritt Blvd.
Nashville, TN 37209-1561

Office of Student Conduct/Mediation Services Authorization Form

I _____ hereby give permission for the Office of Student
student name

Conduct/Mediation Services at Tennessee State University to share information with

_____ my _____ regarding the
name **relation to student**

incident on _____ which resulted in interaction with the Office
date of incident

of Student Conduct/Mediation Services. The Office of Student Conduct/Mediation Services is able to share all information pertaining to this situation including, but not limited to: judicial charges, summary of events, and any disciplinary sanctions imposed.

I understand that this authorization is done solely at my request and can be revoked or removed from my file upon my request at any time.

Student Signature

Date

Student ID#



**“The Balance Reinforces That All Students
Are Treated Equal”**

