



Sam Houston State University

Residence Life

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

CONSENT TO DISCLOSE RECORDS

I, _____, SAM ID # _____ voluntarily give permission
(Print Name)
to the Department of Residence Life and its employees to disclose any or all information regarding my
housing assignment including, but not limited to, discipline/policy violations, account information and
housing employment information to the following person(s):

(Please Print Names)

I understand that this consent will continue in full effect until one year from the date of this consent. I
further understand that I may revoke this consent at any time by written notification, bearing my original
signature, to the Department of Residence Life at Sam Houston State University.

**THIS FORM MUST BE SIGNED BY THE STUDENT “IN PERSON” AT THE RESIDENCE LIFE
OFFICE AND YOU MUST PRESENT A CURRENT PICTURE ID.**

Student Signature _____

Date _____

Residence Life Staff Signature _____

Date _____