

Students Defending Students

— est. 1976 —

RELEASE FORM

I, _____, (student name) do fully comprehend that Students Defending Students (herein referred to as SDS) is a non-professional, non-profit organization composed of students at Ohio University. I understand that in the course of their assistance in my matters related to the Ohio University Office of Community Standards and Student Responsibility, information pertaining to my case may be shared among SDS Student Advisors and will be maintained by SDS for precedent and training purposes. I authorize this action, on the condition that any information shared is kept confidential among SDS Student Advisors, unless local, state, or federal authorities request the information. I further understand that this information is not privileged under Ohio Evidentiary Rules and is therefore subject to a prosecutor's subpoena or a court order.

Additionally, I understand that as a student volunteer organization, SDS is not qualified to give, nor will they provide, any type of legal advice. I fully understand that the services and advice provided by SDS Student Advisors are limited to aiding students in matters concerning the Ohio University Office of Community Standards and Student Responsibility, and that any representation and advice provided by SDS is not in the capacity of a licensed attorney. (Should any questions arise concerning legal matters, SDS urges the student to contact a licensed attorney.) This understood, I do hereby release SDS and its representatives from subsequent legal action which may arise during, or as a result of, their assistance in an advisory capacity concerning my matters related to the Ohio University Office of Community Standards and Student Responsibility.

Finally, so that they may better assist me in preparation for my matters related to the Ohio University Office of Community Standards and Student Responsibility, I do hereby authorize SDS Student Advisors to access to, and permission to obtain, full and complete copies of any Ohio University Office of Community Standards and Student Responsibilities files bearing my name, concerning both past and present matters, which will be kept in accordance with the SDS student files record keeping policy.

SDS REPRESENTATIVE:

Signature: _____

Printed Name: _____

Date: ___/___/___

P-ID: _____

STUDENT:

Signature: _____

Printed Name: _____

Date: ___/___/___

P-ID: _____