



University of
Massachusetts
Lowell

Learning with Purpose

Office of Student Affairs
University Crossing Ste.
200

220 Pawtucket Street
Lowell, MA 01854-5142
Phone: 978-934-2100
Fax: 978-934-3042
E-mail:
Student_Affairs@uml.edu

One University Avenue

COMMON APPLICATION REQUIREMENTS

Section 1

Date _____ ID# _____

Print Name _____ Telephone _____

Section 2

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize the Office of Student Affairs or designees(s) to discuss the information related to my pending conduct case or conduct history. This authorization is for my complete conduct history and is signed with no limitations/exceptions.

Signed: _____ (Student)

Section 3 CONTACT INFORMATION

Name of Institute _____

Email Address _____

Telephone/Fax _____

Name of Institute _____

Email Address _____

Telephone/Fax _____

***Please note: Processed documents cannot be returned to student.