

Student Disciplinary Record Release Request

By signing this form, I authorize the Office of Civic Responsibilities to release a copy of my disciplinary records to the specific person(s) listed below. I understand that all parts of this form must be completed and legible in order to be processed. The completed form must be submitted to the Office of Civic Responsibilities (Utica Campus Payne Hall 347 or by mail at: Office of Civic Responsibilities, 1101 Sherman Drive, Utica, NY 13501. Scanned, emailed, or faxed forms will not be accepted).

Name of Student: _____ Student ID Number: _____

Date of Birth: _____

Please be aware that all confidential records will be released addressing all of your disciplinary history.

I am requesting my confidential disciplinary record to be released to the following individuals:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Where record should be sent to:

Where record should be sent to:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Where record should be sent to: _____

Where record should be sent to: _____

By signing below, I am agreeing to allow the Office of Civic Responsibilities to release confidential student disciplinary records to the individuals I specified.

(Student Signature)

(Date Signed)

Office of Civic Responsibilities Use Only

Date form received: _____

Received by: _____