

Student Conduct and Community Responsibilities
Dean of Students Office
Illinois State University

RECORDS RELEASE FORM

This is NOT an on-line form. Please print this form, fill it out, and send it to:

Student Conduct and Community Responsibilities
Campus Box 2440
Normal IL 61790-2440

Both pages must be included for this request to be valid and honored.

Name: _____

Address: _____

UID: _____

Phone: _____

E-Mail: _____

I, the above listed student or past student, request that disciplinary records maintained under my name within **Student Conduct and Community Responsibilities** at Illinois State University be shared in the following manner:

I am requesting that my disciplinary records be shared with:

Individual or Agency

Relationship

Mailing Address

Purpose of Request

Expiration Date of Record Sharing (if any)

NOTICE: Please allow seven to ten business days from the date your request is received for the reproduction of disciplinary records. Students making such a request must either present the request in person with proper photo identification or have the request notarized.

Disclaimer:

By signing below, you are agreeing to have your disciplinary records information shared with a third party. Once this request is honored, Student Conduct and Conflict Resolution cannot assure that the third party will maintain these records in accordance with the Family Educational Rights & Privacy Act.

Name (Signature)

Name (Printed)

Date

Notary Public (REQUIRED if not hand-delivered to SCCR)