

Student Conduct
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
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** at Illinois State University be shared in the following manner:

I am requesting that my disciplinary records be shared with:

Individual or Agency

Relationship

E-Mail or 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, send the request through their ILSTU email account, or have the request notarized. Student Conduct will release records via e-mail unless otherwise requested.

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 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 Student Conduct)