

**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

\_\_\_\_\_  
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 and Community Responsibilities 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 and Community Responsibilities 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)