

Student Conduct
Dean of Students Office
Illinois State University

RECORDS REQUEST FORM

Name:

Address:

UID:

Phone:

E-Mail:

I, the above listed student or past student, request access to all student conduct records maintained under my name within **Student Conduct** at Illinois State University. I understand that it is my right to have access to be able to review and contest the official records.

I am requesting (check all that apply):

_____ Paper copies of all disciplinary records maintained under my name.

Notice: Please allow seven to ten business days 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.

Paper copies of disciplinary records are free up to twenty-five pages of paper. Copies after twenty-five pages are subject to a fee of ten cents a page, payable by check or money order to Illinois State University. Payment must be received prior to the records being released.

_____ Paper copies of all disciplinary records maintained under my name to be sent to a third party. Note conditions for the release of the records (above). Please supply information on the third party here:

_____ A meeting with a **Student Conduct** professional staff member to review any and all student conduct records maintained under my name.

If you have any questions about reviewing your records, please contact **Student Conduct** at (309) 438-8621.

Name (Signature)

Date

Name (Printed)

Notary Public (REQUIRED if not hand-delivered to Student Conduct)