

Records Request Form

Please allow 10-15 business days for all requests to be filled

Date: _____

UFID (8 digits): _____

Name: _____

Phone: _____

Mailing Address: _____

Email Address: _____

Please check the appropriate description of your request:

- Letter of Good Standing/Sanctions complete
- Letter to Agency/School stating violations and sanctions
- Copy of decision letter(s)
- Records Retention Letter (states records are only kept for a certain period of time with the exception of suspension and expulsions)
- Other (Please specify) _____

Please check the method by which information should be forwarded: (Please check all that apply):

- Pick up from Student Conduct and Conflict Resolution (you will be contacted via phone once materials are ready)
- US Mail (**PLEASE PROVIDE THE ENVELOPES AND POSTAGE**)
 - Send to my mailing address (**PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE**)
 - Send to the agencies/school (**PROVIDE AN ADDRESSED AND STAMPED ENVELOPE FOR EACH AGENCY/SCHOOL**)
- Fax to: _____ (fax number)
- Request a meeting with a staff member from Student Conduct and Conflict Resolution (**please schedule a meeting with staff when you submit your request**)

By signing this form, I am authorizing the release of any information pertaining to my disciplinary record to the agencies listed above.

Student Signature

Office Use Only

Date Received: _____

Reviewed By: _____

Date Completed: _____

Position/Title: _____