



Student Disciplinary Record Release Request

By signing this form, I authorize the Office of Students Rights & Responsibilities to release a copy of my disciplinary records to the specific person(s) listed below. I understand that all parts of this form must be complete and legible in order to be processed.

The completed and signed form can be submitted through the upload link on the Judicial Affairs webpage or by mail to the Office of Student Students Rights & Responsibilities, 454 Delhi Drive, Catskill Hall, Delhi, NY 13753 or faxed to 607-832-7443.

Name of Student: _____ Date: _____

Date of Birth: _____ Student ID #: _____

Email Address: _____ Contact Phone #: _____

By signing this form, I am requesting a summary of my confidential disciplinary records be sent to:

Name _____

Name _____

Address _____

Address _____

By signing below, I give permission to the Office of Student Rights & Responsibilities to release my confidential student disciplinary records to the individuals at the addresses I specified.

Student Signature: _____

Date: _____

Office of Students Rights & Responsibilities Use Only

Date Form Received: _____ Received By: _____ Date Records Sent: _____ Sent By: _____