

**Student Conduct & Conflict Resolution**  
**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 & Conflict Resolution**  
**Campus Box 2440**  
**Normal IL 61790-2440**

Both pages must be included for this request to be valid and honored.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, the above listed student or past student, request that disciplinary records maintained under my name within **Student Conduct & Conflict Resolution** at Illinois State University be shared in the following manner:

I am requesting that my disciplinary records be shared with:

\_\_\_\_\_  
Individual or Agency

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Mailing Address

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Purpose of Request

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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 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.

Disclaimer:

By signing below, you are agreeing to have your disciplinary records information shared with a third party. Once this request is honored, Community Rights & Responsibilities cannot assure that the third party will maintain these records in accordance with the Family Educational Rights & Privacy Act.

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Name (Signature)

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Name (Printed)

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Date

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Notary Public (REQUIRED if not hand-delivered to SCCR)