



DEAN OF STUDENTS

State University of New York • 34 Cornell Dr. • Canton, NY 13617-1096 • www.canton.edu

Student Disciplinary Record Release Request

By signing this form, I authorize the Office of the Dean of Students 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 completed and legible in order to be processed. The completed form must be submitted to the Office of the Dean of Students (Miller Campus Center 229 or by mail at: Office of the Dean of Students, 34 Cornell Drive, 229 Miller Campus Center, Canton, NY 13617. Scanned, emailed, or faxed forms will not be accepted).

Name of Student: _____ Student ID Number: _____

Date of Birth: _____

Please indicate what records should be released (all disciplinary records, or list specific incidents/disciplinary matters):

I am requesting my confidential disciplinary record to be released to the following individuals:

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Where record should be sent to:

Where record should be sent to:

Name: _____
Relationship: _____

Name: _____
Relationship: _____

Where record should be sent to:

Where record should be sent to:

By signing below, I am agreeing to allow the Office of the Dean of Students to release my confidential student disciplinary records to the individuals I specified.

(Student Signature)

(Date Signed)

Office of Dean of Students Use Only

Date form received: _____

Received by: _____