Students who would like a copy of their disciplinary records will complete this form in its entirety to request of copy of their Disciplinary Records ONLY. This form will not provide transcripts or proof of enrollment.

Once completed, students will submit to the Welcome Desk at the Headquarters Building. It could take up to 3 to 5 days to produce the record for the student.

**Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Former Name: |  | Middle Name: |  |
| Student ID: |  | Date of Birth: |  |
| Address |  | | |
| City, State, Zip |  | | |
| Phone Number: |  | Email Address: |  |

**Mailing Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Mail to Third Party |  | Pick Up |  |
| Institution or Agency: |  | Full Name: |  |
| Office or Person: |  | Phone Number: |  |
| Street Address: |  |  |  |
| City, Street, Zip: |  | Mail to Student | (use above address) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Signature for Authorization of Release of Records** | | | |
| Signature: |  | Date: | 9/10/2018 |