Received by _____(name)
in the Office of the Dean of Students ☐in person
☐electronically ☐via mail
on _____ (date) at _____ (time).

STUDENT CONDUCT RECORDS REQUEST FORM

A copy of your SU or state-issued photo ID MUST accompany this form.

Name: _____ Campus ID or last 4 of SSN#: _____
Mailing Address: _____
E-mail: _____ Phone: _____
Dates of Attendance: _____ Graduated? ☐ Yes ☐ No

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student conduct records and that Salisbury University may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and request Salisbury University to release information from my student conduct records as specified below:

What document would you like to request?

☐ **Completed disciplinary verification form**. If selecting this option, form provided by school/employer/organization/etc. must accompany your request.
☐ **Disciplinary verification letter**. Letter includes incident date(s), summary of incident(s), policy violation(s), and sanction information, if any.

Where would you like the requested information sent?
We recommend that your documents be returned directly to you. All in-person pick-ups require a photo ID at the time of pick-up.

☐ I will pick it up
☐ Mail the documents to my address listed above
☐ Email the documents to my address listed above
☐ I authorize _____ to pick it up
☐ Mail to a *different* address specified below
☐ Email to a *different* address specified below

_____ Recipient Name
_____ Recipient E-mail
_____ Recipient Mailing Address

By signing below, I authorize Salisbury University (the "University") to release my student conduct record information as specified above. Further, I, along with my parents, spouse, legal guardians, heirs, executors, administrators, personal representatives, or assigns, hereby agree to waive, release, indemnify, and hold harmless Salisbury University, the University System of Maryland ("USM"), the USM Board of Regents and all of their respective administrators, employees, officers, and agents, and others acting on their behalf ("Releasees") from any and all claims and causes of action of any kind whatsoever, including any claims or causes of action arising in whole or in part from the negligence of the Releasees, which may arise out of, or relate in any way to, the University's compliance, or any attempts to comply, with this authorization.

My signature below indicates that I have read this document and understand its contents.

_____ Student Signature
_____ Date

Please return the completed form to the Dean of Students Office via e-mail at studentconduct@salisbury.edu or via mail at 1101 Camden Avenue, Salisbury, MD 21801.