



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

DISCIPLINARY VERIFICATION FORM

Your application for admission to Salisbury University indicates that disciplinary action has been taken against you at another educational institution. Your signature on this form authorizes the release of information regarding the incident(s) to Salisbury University. Failure to submit this information may prevent your application from being processed.

APPLICANT INFORMATION

Name: _____ D.O.B.: _____
 Home _____ Phone: _____
 Address: _____

I authorize _____ (name of previous institution) to release information regarding my disciplinary record to Salisbury University as part of my application for admission.

 Applicant Signature Date

 Signature of parent or legal guardian (if applicable) Date

DISCIPLINARY VERIFICATION

To be completed by the appropriate administrator at the institution where the disciplinary action occurred. In accordance with applicable law, eligible students may request access to their education records, including this form and any additional documentation provided.

- Has the applicant ever been found responsible for a disciplinary violation at your institution resulting in probation, suspension, removal, dismissal, or expulsion? ____ Yes ____ No
- If so, please provide date of incident(s): _____
- Please provide a brief description of the incident(s) and/or attach any additional documentation:

- If not graduated, is the applicant eligible to return to your institution? ____ Yes ____ No ____ Grad
- Does the applicant have any pending disciplinary matters with your institution? ____ Yes ____ No
 (If so, please provide a brief description of the incident(s) and/or attach any additional documentation.)

 Signature Printed Name/Date

 Official Title Name of Institution