



\_\_\_\_\_  
Date Received (Office only)

I \_\_\_\_\_ request the Office if the Assistant Dean of Students  
share the contents of my student conduct file with \_\_\_\_\_.

I specifically request the following information be included: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Student ID (if known)

Office of the Assistant Dean of Students  
University of

\* If the form must be mailed by us, please include a stamped envelope.