## Request to Release Disciplinary Record Information to a Third Party

Complete this form and return to the Office of Student Conduct.

Address: 630 Means Drive, Atlanta, GA 30322; Email: <a href="mailto:conduct@emory.edu">conduct@emory.edu</a>. Drop off: AMUC Suite 301

Da	te:			
Nan	ne:	ID:		
Ema	ail:	Phone:		
The Fan records universi	tights Regarding Your Disciplinary Record nily Educational Rights & Privacy Act (FERPA) is a federal law (including disciplinary records) and to control who else may ity have students' written consent to release information from limited circumstances.	access those records. FEPRA requires that the		
This req record v reserve	sing Information from Your Disciplinary Record quest form allows you to give consent for the university to sh with a third party. For academic disciplinary records please of the right to share information from students' disciplinary rate educational interest, or to share information with third p	contact the dean's office for your college. The university ecords internally with university officials who have a		
I am requesting that the university release information from my disciplinary record in the following ways:				
	Send a disciplinary summary letter to a school or licer This letter indicates if you were ever found responsible or a Code of Conduct. If so, the dates and charges of misconduc sanctions are not noted, only if sanctions are in progress or	accepted responsibility for violating the Undergraduate at associated with each violation will be noted. Specific		
	Send a records retention letter to a school or licensing. This letter states that disciplinary records are destroyed after students who are suspended or expelled.			
	Discuss my disciplinary record with a third party (in portion allows the university to share information from who may be assisting you in the conduct process, or other	your disciplinary records with your parents, an advisor		
	Allow a third party to review my disciplinary record w This option gives the university permission to allow a third third party to make an appointment to review the record.	•		

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## Requesting to have a letter sent to a school or licensing authority?

Indicate below address where the letter(s) should be sent. Letters can also be emailed. If the letter is for medical school admissions please include your AAMCAS identification number. Please allow up to 5 business day for your request to be processed excluding university and or department closures.

	School or Agency 1				
School or Agency Name ▼		School or Agency Official ▼			
Address ▼		City & State ▼	Zip Code ▼		
	School or Agency 2				
School or Agency Name ▼		School or Agency Officia	al ▼		
Address ▼		City 9 State V	7in Codo ▼		
Address •		City & State ▼	Zip Code ▼		
	School or Agency 3				
School or Agency Name ▼		School or Agency Officia	al▼		
Address ▼		City & State ▼	Zip Code ▼		
Address		City & State	Zip Code +		
Your AAMCAS identification number (option	al):				
Giving permission for the university t	o share information fror	n your record with a	an individual?		
Include the name, phone number, and email address of each individual.					
Name	Phone	Email			
		2			
Name	Phone	 Email			
Name	Thone	Lindii			
Name	Phone	Email			
Name	riione	Lillali			
By signing below, I give consent for Emory University to release information from my disciplinary record in the manner					
indicated. I understand I may revoke this consent, in writing, at any time except to the extent that action has already been					
taken to fulfill my request.					
taken to runni my request.					
Student Signature		Date			