STUDENT CONDUCT
STUDENT AFFAIRS

Dean's Certification Request Form

I hereby waive my privacy rights, including, but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and grant my consent to authorize Auburn University Student Conduct to release my student non-academic misconduct records. I understand this request may take up to 5-7 business days to process. ***Requests cannot be made over the phone, nor can they be processed without a physical student signature. Electronic signatures will not be accepted.***

☐ **Check here if information below is included in attached release/authorization form. If not, please complete.** *Required fields.

_____ _____ _____/_____/_____
**Full Name (Please print)* **Signature* **Today's Date*

_____ _____ _____/_____/_____
Current E-mail Address *Phone* **Date of Birth*

Auburn University Student Information

_____ _____
**Full Name when enrolled* *Student ID #*

*Dates of Enrollment: _____ to _____
Year *Year*

Complete routing instructions below:

Please return:
☐ Attached release/authorization form
☐ Letter summarizing my conduct record

Send to: _____ _____
Name of Institution/Organization *Contact Name (Please print)*

_____ _____ _____ _____
Street Address or PO Box *City* *State* *Zip*

_____ _____
Fax # *Email Address*

☐ **By mail.** (Must include a self-addressed, stamped envelope.)
☐ **By email.**
☐ **By fax.**
☐ **I will pick up** in person at the Student Conduct Office, Auburn University Student Center, Suite 1115.
☐ **Other** _____