

## **Disciplinary Records Requests**

The Office of Rights, Compliance and Accountability maintains a disciplinary record for every student found responsible for a violation of the University Student Code of Conduct. Student conduct records are held for seven years, some records may be held longer. Records of expulsions are maintained permanently.

Some employers graduate, and professional schools require that applicants authorize the release of their disciplinary records in order to be considered for employment or admissions. A Release Authorization Form is required to release a student's disciplinary file to a different school or agency. Once you send in the attached form or the Release Authorization Form, the Office of Rights, Compliance and Accountability will schedule an appointment for you to view your records in person. Please note pictures and recordings are not allowed to be taken and copies are not allowed to be removed from the office. The files maintained by the Office of Rights, Compliance and Accountability are separate from transcripts, which are maintained by the Registrar's Office.

## **Requesting Disciplinary Records**

**Student:** To request to view a copy of your student conduct records, please fill out the attached form and email it to uaf-orca@alaska.edu, fax to 907-474-5273, or mail to:

Office of Rights, Compliance and Accountability University of Alaska Fairbanks P.O. Box 756910 Fairbanks, AK 99775

The records may include redactions to protect the confidential information of other students or affiliates who may have been involved in an incident or hearing process. Request for copies will be processed within 45 calendar days, requests are not immediately available because records may need to be redacted. Students will need to bring a government issued ID to the scheduled meeting.

Extenuating circumstances preventing the student from coming to campus must becommunicated to the Office of Rights, Compliance and Accountability and we will determine how to distribute redacted information to satisfy the request. However, this does not include the distribution of photos or videos.



## **Authorization to Review Copies of Student Records**

Requested By (Student): (please print)			Release To (Recipient):		
LAST NAME	FIRST NAME	MIDDLE	LAST NAME	FIRST NAME	MIDDLE
STUDENT ID NUMBER			RELATIONSHIP		
DATE					
If you are requeinformation:	esting for another in	ndividual to re	eview your record	ds please include c	ontact
	nduct Records	ll be made avo	uilable in person	within 45 calenda	r days of the
	esting my record is:		ting a copy of my	y student conduct	record. My
I hereby authorize on this form.	the University of Alask	ka Fairbanks to r	elease my student co	onduct records to the 1	recipient named
STUDENT SIGN	NATURE			DATE	
Please show your §	government ID. ID type	e:	Verified By:	:D	ate: