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 be communicated 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):

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<th>LAST NAME</th>
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<th>MIDDLE</th>
<th>LAST NAME</th>
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STUDENT ID NUMBER

DATE

RELATIONSHIP

If you are requesting for another individual to review your records please include contact information:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Student Conduct Records

Note: Student conduct records will be made available in person within 45 calendar days of the request:

I, __________________________, am requesting a copy of my student conduct record. My reason for requesting my record is:

__________________________________________________________________
__________________________________________________________________

I hereby authorize the University of Alaska Fairbanks to release my student conduct records to the recipient named on this form.

_____________________________________________________________ _____________
STUDENT SIGNATURE  DATE

Please show your government ID. ID type: _________________ Verified By: _______________ Date: __________