

Student Title IX Record Release Request

By signing this form, I authorize the Office of Title IX to release a copy of my records to the specific person(s) listed below. I understand that all parts of this form must be completed and legible in order to be processed. The completed form must be submitted to the Office of Title IX (Miller Campus Center 229 or by mail at: Office of the Dean of Students, 34 Cornell Drive, 229 Miller Campus Center, Canton, NY 13617. Scanned, emailed, or faxed forms will not be accepted).

Name of Student: _____ **Student ID Number:** _____

Date of Birth: _____

Please indicate what records should be released (all disciplinary records, or list specific incidents/disciplinary matters):

I am requesting my confidential disciplinary record to be released to the following individuals:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Where record should be sent to:

Where record should be sent to:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Where record should be sent to:

Where record should be sent to:

By signing below, I am agreeing to allow the Office of Title IX to release my confidential student records to the individuals I specified.

(Student Signature)

(Date Signed)

Office Title IX Use Only

Date form received: _____

Received by: _____