



Office of Community Standards, Rights and Responsibilities

REQUEST FOR RELEASE OF CONDUCT RECORD/HISTORY

I, _____, authorize and consent to the release, inspection, copy,
(please print clearly)
and/or other disclosure of my student conduct/disciplinary record by the UMaine Office of Community
Standards, Rights and Responsibilities to _____

for the purpose of _____.

Signature: _____ Date: _____

ID #: _____ (not Social Security number)

Local/Current Address: _____

Phone: _____ Email: _____

I am a:

Current Student Major/College: _____

Former Student Date(s) of Attendance: _____

Major/College: _____