Disciplinary Verification Request

Please submit if you are requesting completion of forms that require disciplinary verification.

This request will be completed within 7-10 business days.

Student Name: _______________________________ Stony Brook ID#: _____________________
Daytime Phone #: ___________________________ Email: _______________________________

Requests may require information pertaining to your disciplinary records and academic integrity records. By signing below you are authorizing Stony Brook University to release this information to those listed below and/or on the attached forms. Signature is required in order to complete the form(s).

Signature: ___________________________ Date: ___________________________

Did you sign all areas of the form where your signature is required? □ Yes Requests without signatures will not be processed.

Would you like to:
□ Pick this completed form up
□ Have completed form faxed to the following fax #: __________________________
□ Have completed form mailed to address below:
   How many addresses does the completed form need to be sent to? ______
   (If there are numerous addresses to include, please attach separate list of addresses)
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________
   ________________________________________________

Registrar’s Office; 276 Administration Building; Stony Brook, NY 11794-1101
Ph: (631) 632-6175 Fax: (631) 982-7320