Student Disciplinary Referral Form

To be completed by student/faculty/staff/employees
of the Middle Tennessee State University Community

Reported by: _____ Title/Position: _____

Date of Report: _____ Incident Location: _____

Date of Incident: _____ Time of Incident: _____

Individual(s) Involved	Student ID ("M") Number	Address	Telephone

Statement/Description of Incident (use additional pages if necessary):

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If necessary, are you willing to testify at a judicial hearing? ____ Yes ____ No ____ Undecided

By making this statement, I understand that:

1. The accused student has a right to review their file, including this statement.
2. An accused student has a right to confront witnesses who will testify against him/her.
3. Student judicial files are considered confidential educational records and are protected by the Family Educational Rights to Privacy Act (FERPA). Neither the public nor I are necessarily entitled to all information about the adjudication of the case.

Signature_____ Date _____

Submit this form to: Judicial Affairs and Mediation Services
128 Keathley University Center
P.O. Box 17; Murfreesboro, TN 37132
PHONE (615) 898-2750; FAX 898-5112

Statement/Description of Incident (continued):

Signature_____ Date _____