Disciplinary Verification Request

Stony Brook University

OFFICE USE ONLY:

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