To: The University of Texas at Dallas
Dean’s Certification
800 W. Campbell Rd., SSB46
Richardson, TX 75080-3021

Please provide information from the records of

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Name(s) of requesting agencies

The only type of information that is to be released under this consent is disciplinary records for the purpose of

☐ Employment
☐ Admission to an educational institution
☐ Other (specify) ____________________________

I understand the information will be released in written format or copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent. This consent is good only for the document(s) provided at time of request.

Name ____________________________
Signature _________________________
Student ID Number _______________________
Date ________________________________