



Student Advocacy and Accountability

SOUTHEASTERN LOUISIANA UNIVERSITY

Transfer-Out Authorization for Release of Disciplinary Information

SLU 10390, Hammond, LA 70402
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Email: osaa@southeastern.edu
www.southeastern.edu/osaa

Step I: To Be Completed By The Student

Student's Name: _____ W# _____ Date of Birth _____

Home Address: _____

Phone Number: _____ Email: _____

Dates of Attendance at Southeastern Louisiana University:

Start Date: _____ Last Date of Attendance: _____

CONSENT TO RELEASE INFORMATION

I, _____ hereby authorize Southeastern Louisiana University Office of Student Advocacy and Accountability to disclose student conduct records to the specified individuals identified below:

School to which you will transfer: _____

Contact Person: _____ Title/Office: _____

City: _____ State: _____ Phone: _____

Fax: _____ Email: _____ *Include only if this information may be faxed or emailed. **Confidentiality cannot be assured through use of electronic communication such as fax and email.**

Student's Signature (Mandatory for release of information)

Date

Step II: To Be Completed By Southeastern Louisiana University Office of Student Advocacy & Accountability

Record : ___ Student has NO Disciplinary Record ___ **Student HAS a Disciplinary Record**

Standing: ___ Student has Good Conduct Standing ___ **Student is NOT Eligible to Return Until** _____

Findings: ___ No Findings ___ Not Responsible ___ Responsible ___ Dismissed

Sanctions/Actions: ___ No sanctions or actions ___ Probation ___ Dismissal
 ___ Warning ___ Suspension ___ Expulsion

OSAA Official's Name

Title

985-549-2213
Phone Number

OSAA Official's Signature

Email