



THE STATE'S UNIVERSITY

**Waiver to Release Discipline Records
Student Conduct Education and Administration
Oklahoma State University
328 Student Union
405-744-5470**

I, _____, consent to the release, inspection, copying, or other disclosure of any and all of my student disciplinary record while at Oklahoma State University to _____.

This release is in effect for one year unless I withdraw the release in writing prior to that date.

Signature

Date

Witness Signature

Date