



**Student Advocacy  
and Accountability**

SOUTHEASTERN LOUISIANA UNIVERSITY

**Transfer-In Authorization for  
Release of Disciplinary Information**

SLU 10390, Hammond, LA 70402  
Office: 985-549-2213 Fax: 985-549-5103  
Email: [osaa@southeastern.edu](mailto:osaa@southeastern.edu)  
[www.southeastern.edu/osaa](http://www.southeastern.edu/osaa)

**To the applicant for admission:** This form must be completed by the appropriate official that handles student conduct administration at the college/university that you are transferring from. You are responsible for the delivery of this form to the appropriate college/university official and that individual must return it to the Office of Student Advocacy and Accountability at Southeastern Louisiana University. **Your application for transfer admission will not be processed until this form is returned.**

**To the College/University:** This form must be sent directly to the Office of Student Advocacy and Accountability at Southeastern Louisiana University to the address listed at the top of this form. \*With student consent, this form may be faxed or emailed.

**Step I: To Be Completed By The Transferring Student**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

College/University Transferring From: \_\_\_\_\_

\_\_\_\_\_ **Initial if you plan to participate in Southeastern Louisiana University Varsity Athletics.**

**CONSENT TO RELEASE INFORMATION**

I, \_\_\_\_\_ hereby authorize the Dean of Students (or Chief Student Conduct Officer) to complete this form, submit, and communicate either via phone and/or electronically with the Office of Student Advocacy and Accountability at Southeastern Louisiana University regarding my student conduct records. **\*Confidentiality cannot be assured through use of electronic communication such as fax and email.**

\_\_\_\_\_  
Student's Signature (Mandatory for Release of Information)      Student University ID#      Date

**Step II: To Be Completed By Dean of Students or Chief Student Conduct Officer**

Please complete as accurately as possible and return to the address above. **If yes to any of the questions 3 through 7, please explain on a separate sheet or include supporting documentation.**

- 1. Has the student been enrolled at your institution at any time? \_\_\_ Yes \_\_\_ No
- 2. Is the student eligible to re-enroll into your institution? \_\_\_ Yes \_\_\_ No
- 3. Has the student received official disciplinary action from your university/college? \_\_\_ Yes \_\_\_ No
- 4. Has the student been arrested, charged, or convicted of a criminal offense or been involved in the use, purchase, or distribution of alcoholic beverages or drugs? \_\_\_ Yes \_\_\_ No
- 5. Has the student been found in possession of illegal firearms and/or weapons? \_\_\_ Yes \_\_\_ No
- 6. Has the student exhibited behavior that would hinder typical social interactions? \_\_\_ Yes \_\_\_ No
- 7. Has the student been found responsible for violating your university hazing policy? \_\_\_ Yes \_\_\_ No
- 8. If not stated above, is there any reason why the student should not be admitted? \_\_\_ Yes \_\_\_ No

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Signature: \_\_\_\_\_