



**STOCKTON UNIVERSITY | CAMPUS CENTER**

**Employment Disciplinary Verification Record and Release**

**Student Completes The Following Section:**

I authorize the Office of Student Rights and Responsibilities at Stockton University to share my disciplinary record with the Office of Event Services & Campus Center Operations, the Director and Assistant Director of Event Services & Campus Center Operations, and the Associate Dean of Students for the purpose of evaluating my overall fitness for employment within the Office of Event Services & Campus Center Operations. I understand that this information will not be shared further without my express written consent.

_____	_____	_____
Student Name – Print	Stockton University Z#	Date
_____	_____	
Student Signature	Desired Employment Position	

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**Office of Student Rights and Responsibilities**

\_\_\_\_\_ The above named student does not have a record of any prior disciplinary action.

\_\_\_\_\_ The above named student does have a record of prior disciplinary action. If permissible, an explanation of student record is attached.

_____	_____
Judicial Officer – Name Print	Judicial Officer – Name Signature
_____	_____
Title	Date