

recommendations are included with this form.

Case Manager Signature

## Received by

(name)

in the Office of the Dean of Students
in person electronically via mail
(date) at

\_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Date

## STUDENT AFFAIRS CASE MANAGER REFERRAL

on

You are required to sign this release of information and provide it to the Student Affairs Case Manager at the beginning of vour initial meeting. as a result of their discussion. This release of information allows the Student Affairs Case Manager to provide Student Accountability & STUDENT INFORMATION sanction. This release of information also allows Student Accountability & Community Standards to provide Name: information to the Student Affairs Case Manager about the real for this d<del>isciplinary referral.</del> E-mail: Please note that the deadline for this requirement is \_ If you have any questions, please contact Student Accountability & Community Standards at 410-677-0022 or at studentconduct@salisbury.edu. To be completed by student: By signing below, I grant permission to the Student Affairs Case Manager to report on my attendance at the initial meeting, and to provide information regarding any recommendations made to Student Accountability & Community Standards. Student Signature Date To be completed by Student Affairs Case Manager:

The student named above has successfully completed an initial discussion with me. Information regarding