STATEMENT OF GOOD CONDUCT FOR TRANSFER STUDENT-ATHLETES

PART 1: TO BE COMPLETED BY STUDENT

Instructions: Fully complete the blanks below and then give this form to the Dean of Students or other college official who has access to your disciplinary and academic records at all institutions you have previously attended. Please use a separate form for each institution.			
Name:	Date of Birth:		
Sport:			
CONSENT TO RELEASE OF RECORDS			
I authorize (school name)			
to release my disciplinary information from my educational records to the University of Kansas.			
Student Signature:	Date:		
PART 2: TO BE COMPLETED BY SCHOOL OFFICIAL AT FORMER INSTITUTION			
Name of Institution:	CEEB/ACT Code:		
School Official's Name:	Email:		
School Official's Title:	Phone Number:		
1. Is this student eligible to return to your institution? If "no," please provide an explanation with the return of this to	form	O YES	O NO
2. Has this student been found responsible for any disciplinary violation at your institution related to behavioral misconduct that resulted in disciplinary action? These actions would include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution?		O YES	O NO
3. Are there any charges currently pending against the student for any disciplinary violation at your institution that could lead to probation, suspension, removal, dismissal, or expulsion from the institution?		O YES	O NO
4. To your knowledge, has this student ever been arrested or convicted of a misdemeanor, felony, or other crime?		O YES	O NO
5. Do your responses include information from your school's Title IX Office? If "no," please have your school's Title IX official complete Part 3 below		O YES	O NO
This institution has a policy which prevents me from respond	ding to the above questions.		
I would prefer to discuss this student over the phone with the KU Title IX Coordinator			
Official's Signature:	Date:		
PART 3: TO BE COMPLETED BY TITLE IX COORDIN	ATOR		
Has this student been found responsible for or is un violation of your Title IX policy?	der current/pending investigation for a	O YES	O NO
Check here if you are the same individual who completed Pa	art 2. If different, please sign below.		
Official's Name:	Email:		
Official's Signature:	<u> </u>		