



New Jersey Institute of Technology
University Heights
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Dean Of Students and Campus Life

Date:

I, _____ am requesting from the New Jersey Institute of Technology, Office of the Dean of Students on this date, _____ a copy of the Incident Report from my Student Conduct file. I understand that the information being provided to me may include the name(s) and other protected information about other New Jersey Institute of Technology students, staff and faculty. This information is being provided to me on a need-to-know basis in order to assist me in responding to the allegation (s) against me. I agree to respect the privacy of individuals involved in this incident and I further agree only to disclose this information to individuals with a legitimate need-to-know in order to assist me in responding to the allegations. Release of this information to anyone without authorization from the Office of the Dean of Students would be classified as a breach of privacy and could be subject to disciplinary action.

Signature

UCID:

A handwritten signature in black ink, appearing to read "Learie .C. Nurse". The signature is written in a cursive style with a large, stylized initial "L".

Learie .C. Nurse Ed.D.
Associate Dean of Students
New Jersey Institute of Technology