

**INSTRUCTIONS FOR THE STUDENT:** Complete the top section entirely. *Please print clearly.* Submit this form to the Dean of Students or an Administrative Officer in charge of student conduct records from any institution(s) that has/have awarded or will be awarding you a degree (Bachelor's, Master's, and Doctorate). The University of Florida College of Dentistry will maintain strict confidentiality of this document.

Student Name: \_\_\_\_\_

UFID: \_\_\_\_\_ DOB: \_\_\_\_\_

**REQUIRED ONLY FOR THOSE WHO HAVE TRANSCRIPTS FROM UF**

By placing my initials in the box to the left, I acknowledge that I authorize release of my official UF Transcript.

**REQUIRED FOR ALL STUDENTS:**

**1. RELEASE**

By placing my initials in the box to the left, I acknowledge that I have requested this certification form be completed for the use in the admissions process to the University of Florida College of Dentistry. I hereby authorize release of this information to the University of Florida College of Dentistry.

**2. WAIVER OF ACCESS (Please Initial One)**

By placing my initials in the box to the left, I acknowledge that I waive access to this form.

By placing my initials in the box to the left, I acknowledge that I do not waive access to this form.  
(The results of this questionnaire will be made available to the student if he or she enrolls at the University of Florida College of Dentistry.)

**3. Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS FOR THE DEAN OF STUDENTS, CONDUCT OFFICE OR ADMINISTRATIVE OFFICER COMPLETING THIS FORM:** Circle the appropriate answers including explanations if necessary. List the name of your institution, your name, your title, phone number and email address. Please sign and date the form. Email, fax, or mail the completed form to:

[DMDAdmissions@dental.ufl.edu](mailto:DMDAdmissions@dental.ufl.edu) | Fax: (352) 846-0311 | PO Box 100445, Gainesville, FL 32610-0445

1. Has this individual been the subject of conduct-related disciplinary action, proceedings, or suspension?

**YES** (Attach an explanation)      **NO**

- If yes, did the individual satisfactorily complete the required sanctions that resulted in a status of good standing?

**YES**      **NO** (Attach an explanation)

2. Has this individual been placed on academic probation?

**YES** (Attach an explanation)      **NO**

- If yes, did the individual attain good academic standing following their academic probation?

**YES**      **NO** (Attach an explanation)

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_