

CONFIDENTIALITY WAIVER

I, _____, give permission for the Office of Community Expectations to discuss my current case (including relevant disciplinary history) with the following individuals:

Print Name Relationship

Print Name Relationship

Print Name Relationship

Print Name Relationship

I understand that such information is confidential and a written waiver of confidentiality is required of me in order for the issue to be discussed with the persons listed above. Accordingly, I waive my right to confidentiality in reference to the individuals listed above by signing this document.

Student Name Signature

Student ID Number Date