USC Student Affairs

CONFIDENTIALITY WAIVER

I, _____, hereby give permission for the Office for Residential Education to discuss my current incident (including any relevant 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 hereby waive my right to confidentiality in reference to the individuals listed above by signing this document.

Print Name	Signature
Student ID Number	Date

CONFIDENTIALITY WAIVER

University of Southern California 3601 Trousdale Parkway, STU 200 - Los Angeles, California 90089 - Tel 213-740-2080 - Fax 213-749-9781

