

## 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

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