CURRENT OR FORMER STUDENT WAIVER OF PRIVACY RIGHTS AND AUTHORIZATION TO RELEASE INFORMATION

Student’s Name: ___________________________________
Student ID#: ____________________________________
Student’s E-mail: __________________________________
Student’s Phone #: _________________________________

I, _____________________________________________, hereby waive my privacy rights (pursuant to the Family Education Rights and Privacy Act of 1974), and authorize the Office of Academic Integrity and Student Conduct, University of California, Irvine, to release and/or discuss information regarding the following:

r Any and all of my academic integrity and student conduct records.

r Only my records associated with the incident of: ________________________________

r All of the following information/records: ____________________________________
________________________________________

Such information may be released and/or discussed with the following persons only:
List only one person per line:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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This waiver shall be considered valid for one calendar year from the day noted by my signature below.

______________________________________________  __________________________
Signature of Current or Former Student Date