

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:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____

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



Student Life & Leadership
G308 UCI Student Center
Irvine, CA 92697-5125

(949) 824-5181
(949) 824-3412 (FAX)
academicintegrity@uci.edu
conduct@uci.edu
www.aisc.uci.edu