

ACADEMIC INTEGRITY & STUDENT CONDUCT



Current or Former Student Waiver of Privacy
Rights and Authorization to Release Information

- Academic Integrity
- Student Conduct

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 Student Conduct, University of California, Irvine, to release and/or discuss information regarding the following:

- Any and all of my academic integrity/student conduct records.
- Only my records associated with the incident of: _____
- 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