student Life & Leadership

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________</td>
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<td>2. ___________</td>
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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