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

- [ ] Any and all of my 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>
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<tbody>
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<td>1.</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