

University of California, Los Angeles (UCLA)  
Office of the Dean of Students  
Confidentiality Waiver

I, \_\_\_\_\_, hereby give permission for the Office of the Dean of Students to discuss my current case (including relevant disciplinary history and a copy of my disciplinary file) with the following individuals:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that such information is confidential and a written waiver of confidentiality is required of me in order for the issue to be discussed with the persons listed above. Accordingly, I hereby waive my right to confidentiality in reference to the individuals listed above by signing this document.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Date

**CONFIDENTIALITY WAIVER**