

University of California, Los Angeles (UCLA)
Office of Residential Life
Privacy Waiver

I, _____, hereby give permission for UCLA Residential Life to discuss my current student matter, including relevant disciplinary history and related concerns, with the following individuals:

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

Print Name

Relationship

I understand that my UCLA student records are confidential, and protected by the Family Educational Rights and Privacy Act (FERPA). As such a written waiver of privacy is required of me in order for the matter to be discussed with the persons listed above. Accordingly, I hereby waive my right to privacy in reference to the individuals listed above by signing this document.

Print Name

Signature

Student ID number

Date

PRIVACY WAIVER