

WAIVER OF CONFIDENTIALITY Authorization for Release of Information

			SJSU ID		Date	/	_/
Respondent's Phone #	()	Respon Addr					
on the disclo	ducational Rights and Privac osure of information contain ords. To learn more about the related to FERPA and the rele	ed in a s ne rights	student's ed granted to	ducation records, includ students via FERPA <u>b</u> y	ding (bu	t not limited	to) student
	is form, you agree that this o from your conduct records to			_	tate Uni	iversity, may o	disclose
	e undersigned, authorize the se the following education re) to
	☐ All records and inform	ation co	ntained in n	ny Conduct File; or			
	☐ The following record(s):					
							_•
	These records may be discretords/information):	closed to	o (name and	d address of person/age	ency aut	chorized to red	ceive
	Person/Agency						
	Address (Person/Agency)						
	Address (Person/Agency) Phone Number (Person/Age	ncy)					
education reshall not affe		have the emain in the rec	n effect until eipt of any	I revoked by me, in writi written revocation, and	ng, but i (<mark>3</mark>) the	that any such	revocation

218 Administration Building P: 408.924.5985 F: 408.924.5883

Campus Village B (2nd Floor) P: 408.795-5600 F:408.795.5678

Date Received:/ Staff Initials: Reco	ords Released By (print name):
--------------------------------------	--------------------------------