



SAN DIEGO STATE UNIVERSITY

Center for Student Rights and Responsibilities
Division of Student Affairs
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-7443
Tel: 619-594-3069

CURRENT OR FORMER STUDENT WAIVER OF PRIVACY RIGHTS AND AUTHORIZATION TO RELEASE DISCIPLINARY INFORMATION

Current or Former Student Name: _____

Red ID #: _____

Date of Birth: _____

Email Address: _____

Phone Number/Type (cell, etc.): _____

I, _____, hereby waive my privacy right (pursuant to the Educational Rights and Privacy Act of 1974 and the California Information Practices Act of 1977), and authorize the Residential Education Office (REO) and the Center for Student Rights and Responsibilities (CSRR) at San Diego State University to release and/or discuss information regarding my student disciplinary record listed authorized recipients. This waiver shall be considered valid for one calendar year from the date noted by my signature below unless revoked, in writing, prior to such date.

Please list the authorized recipient's contact information. The person listed below must provide your student identification number and date of birth before a CSRR staff member may release and/or discuss your student disciplinary record.

Name of Authorized Recipient: _____ Relationship: _____

Recipient Phone Number _____ Email: _____

Name of Authorized Recipient: _____ Relationship: _____

Recipient Phone Number _____ Email: _____

Signature of Current or Former Student

Today's Date

For Office Use Only:

Release Expiration Date: _____