

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.):	
Educational Rights and Privacy Act of 197 authorize the Residential Education Office (CSRR) at San Diego State University to disciplinary record listed authorized recip year from the date noted by my signature Please list the authorized recipient's cont	, hereby waive my privacy right (pursuant to the 74 and the California Information Practices Act of 1977), and a (REO) and the Center for Student Rights and Responsibilities release and/or discuss information regarding my student ients. This waiver shall be considered valid for one calendar below unless revoked, in writing, prior to such date. The person listed below must provide your of birth before a CSRR staff member may release and/or
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:	