



OFFICE OF THE
DEAN OF STUDENTS

STUDENT WAIVER OF CONFIDENTIALITY

Student Name:

Student ID#:

I hereby give **James Willette and/or his designee** in the Seattle University Office of the Dean of Students permission to release any of the following information contained in my student records to:

(Name of Person Authorized to Receive Information)

(Relationship to Student)

I Authorize the Release of the Following Type(s) of Information:

- Any/All Information Available to the Dean of Students
- Only Information Contained in my Student Conduct Record
- Only Information Related to the Following Specific Issue(s) or Record(s):

This authorization shall begin on (month/day/year):

This authorization shall end on (leave blank for indefinite authorization or enter month/day/year):

The student may revoke this authorization at any time, in writing, by sending the revocation to deanofstudents@seattleu.edu. Please note that the Office of the Dean of Students does not need student permission to notify parent/guardian/emergency contact in case of health/safety or other emergencies or to notify parent/guardian/emergency contact of violations of the university's alcohol/drug policies when the student is under the age of 21.

This form must be signed in ink and delivered to Student Center 140.

Student Signature

Date