Confidentiality Waiver

I hereby give the University of Arizona Residence life staff permission to talk and/or correspond with the following individual(s):

Name: __________________________________________________________
Print First and Last

Title and/or Relationship: _________________________________________

Name: __________________________________________________________
Print First & Last

Title and/or Relationship: _________________________________________

Name: __________________________________________________________
Print First & Last

Title and/or Relationship: _________________________________________

Name: __________________________________________________________
Print First & Last

Title and/or Relationship: _________________________________________

About (choose one or both):

__ Residence Life Conduct Case # _______________________
__ All of my conduct history

I provide this permission voluntarily, without waiving my procedural rights.

Name: ____________________________________ SID #: _________________________
Print First and Last

____________________________________________ _______________________________
Signature Date