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 and Last)*
Title and/or Relationship: ________________________________

Name: ________________________________ *(Print First and Last)*
Title and/or Relationship: ________________________________

Name: ________________________________ *(Print First and 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#: ________________________________

__________________________________________ Date: ________________________________

Signature