



AUTHORIZATION WAIVER

I hereby waive my privacy rights (pursuant to the Family Educational Rights and Privacy Act of 1974), and authorize the release and/or exchange of information and/or documents relative to my disciplinary history. This may occur between Cal Poly Pomona University’s Office of Student Conduct & Integrity and the person(s)/institution(s) listed:

Person(s)/Institution(s): _____

Relation to student: _____

Email: _____

Phone: _____

Special Instructions: _____

This authorization is valid for one year from date executed.

I have the right to revoke at any time my authorization of the information being put forth, and I must do so in writing. My signature below indicates that I have read and understand all information contained within this document.

Name of Student (Print)

Signature of Student

Bronco ID

Date