

**SAMUEL MERRITT COLLEGE**

Office of the Registrar  
450 30<sup>th</sup> Street, Suite 2802  
Oakland, California 94609

Telephone: 510-869-1550 Fax: 510-869-6204

**DISCLOSURE OF INFORMATION AUTHORIZATION**

**PART A:**

I, \_\_\_\_\_, a current student at Samuel Merritt College, waive my right to privacy regarding the following areas of information (check only those areas of information for which you wish to waive the right to privacy). I authorize the Registrar to release the information indicated below.

\_\_\_\_\_ Academic progress

\_\_\_\_\_ Disciplinary matters

\_\_\_\_\_ Other: \_\_\_\_\_

**PART B:**

The information checked above may be disclosed only to:

\_\_\_\_\_ Parent/s

\_\_\_\_\_ Other relative (specify): \_\_\_\_\_

\_\_\_\_\_ Other individual (specify): \_\_\_\_\_

By signing this release, I understand that I have specifically asked that only certain information be disclosed to only specific members of my family or a specific individual. I also understand that I can terminate or alter this waiver at any time.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date