

SAMUEL MERRITT UNIVERSITY

Office of the Registrar
450 30th 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 University, 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 signature: _____

Date: _____