

Waiver of Privilege Against Disclosure

TO: Office of Student Rights Advocates and Legal Services

OF: Associated Students of Michigan State University (ASMSU)

RECEIVED BY: _____

REGARDING: _____

I, _____, voluntarily waive my privilege against disclosure in regards to the above-referenced case subject to the following conditions:

- 1) I authorize the release of copies of all records, documents, and evidence regarding the above-referenced subject including conclusions/recommendations and findings following a hearing.
- 2) These records may only be released to the Director, Assistant Director, and Office Assistant of the ASMSU Student Rights Advocates department. Information protected by FERPA regarding my case may be disclosed to other members of the ASMSU Student Rights Advocates department for purposes of intradepartmental affairs. Information about a case may be disclosed to ASMSU Student Legal Services for legal clarification or assistance if deemed necessary.
- 3) This release shall expire upon my revocation of waiving privilege against disclosure, which can occur at any point. If waiver is not directly revoked, this release shall expire four years upon the conclusion of the case (see bio sheet for conclusion date).
- 4) Except for authorized release of the above-referenced information, confidentiality shall be maintained as protected by the Family Educational Rights and Privacy Act (FERPA) and Michigan State University Policy. In doing so, all documentation with PIDs, names, addresses, phone numbers, and all other confidential information shall remain as such.

Student Name (Print): _____

PID: _____

Signature: _____

Date: _____