



WAIVER OF CONFIDENTIALITY

Date: _____

I, _____, hereby give the Center for Student Ethics and Standards at The University of Vermont permission to release any information in my student conduct file to _____. The purpose of this disclosure is to (check one):

- keep my parents/guardians informed.
- provide information to my attorney, due to criminal charges.
- get assistance from Student Legal Services.
- allow my advisor to be present during my hearing.
- allow information to be shared with another institution:

(Name of Institution)

- Other _____.

Signature

Student Number

Date of Signature