

Eastern Michigan University

Waiver of Confidentiality

I hereby waive my right to confidentiality under the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA), and give permission to the Dean of Students to discuss my case and/or share information from my case file with the following individual(s):

- ☐ Parent(s), Guardian(s) _____
- ☐ Physician, Healthcare Provider _____
- ☐ EMU Athletic Dept. _____
- ☐ EMU CAPS _____
- ☐ EMU Dining Services _____
- ☐ EMU Disability Resource Center _____
- ☐ EMU Housing & Residence Life _____
- ☐ EMU Faculty Member _____
- ☐ EMU Staff Member _____
- ☐ EMU Telehealth Clinic _____
- ☐ EMU University Officials _____
- ☐ Office of the Ombuds _____
- ☐ Dept. of Public Safety (DPS) _____
- ☐ Title IX Office _____
- ☐ Student Business Services _____
- ☐ Records and Registration _____
- ☐ Other (Specify) _____

EID # _____

Email _____

Name _____

Phone # _____

Signature _____

Date _____

Return this Waiver, the Absence Notification Form, and documentation by email to:

emu_deanofstudents@emich.edu
Dean of Students Office
246B Student Center
734.487.1107