

Ellen Gold

Associate Vice President for Academic and Student Affairs
and Dean of Students
246B Student Center
734.487.1107

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 (HIPAA) 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 Athletics: _____
- 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: _____
- Other (Specify): _____

EID #: _____

Name: _____

Signature: _____

Date: _____

Updated 8-23-20