

Ellen Gold

Assistant Vice President for Student Affairs

and Dean of Students

315 Snow

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 Assistant Vice President for Student Affairs and Dean of Students, to discuss my case and/or share information from my case file with the following individual(s):

- Parent(s) : _____
- Physician: _____
- EMU Athletics: _____
- EMU Dining Services: _____
- EMU Disability Resource Center: _____
- EMU Housing & Residence Life: _____
- EMU Faculty Member: _____
- EMU Staff Member: _____
- EMU University Officials: _____
- Office of the Ombudsman at EMU: _____
- Other (Specify): _____

EID #: _____

Name: _____

Signature: _____

Date: _____

Updated 3/11/2019